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2										
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10	A4206	Syringe w/needle, sterile , 1 cc or less, each	Y/ 12 months if PA required	YES > 125	per calendar month	NO			\$0.31	Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME
11	A4207	Syringe with needle; sterile 2cc, each	Y/ 12 months if PA required	YES > 10	per calendar month	NO			\$0.31	
12	A4208	Syringe with needle; sterile 3cc, each	Y/ 12 months if PA required	YES > 10	per calendar month	NO			\$0.31	
13	A4209	Syringe with needle; sterile 5cc each	Y/ 12 months if PA required	YES >10	per calendar month	NO			\$0.31	
14	A4210	Needle-free injection device, each		NO		NO			\$36.67	remains a covered service through DME

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15	A4211	Supplies for self-administered injections-- pen needles	Y/12 months	YES		NO			M	added to fee schedule 2/14/08
16	A4213	Syringe, sterile, 20cc or greater, each		NO		NO			\$1.67	
17	A4215	Sterile needle only,any size, each		NO		NO			\$0.97	
18	A4217	Sterile water/saline , 500 ml		NO		NO			\$2.13	
19	A4218	Sterile Saline or H2O metered dose dispenser 10 ml	Y/12 months	YES		NO			M	
20	A4220	Refill kit for implantable infusion pump	Y/12 months	YES		NO			M	
21	A4221	Supplies for maintenance of drug infusion catheter per week, drug separate		NO		NO			\$21.65	
22	A4222	Supplies for external drug infusion pump per cassette or bag, drug separate		NO		NO			\$44.70	rate set 01/01/2007
23	A4223	Infusion supplies not used with ext. infusion pump, per cassette or bag		NO		NO			\$4.83	rate set 01/01/2007
24	A4230	Infusion set for external insulin pump, non needle cannula type each	YES if PA required	YES>	16 per calendar month	NO			\$11.55	rate set 01/01/2007; qty limit eff. 5/1/09

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25	A4231	Infusion set for external insulin pump, needle type each	YES if PA required	YES>	16 per calendar month	NO			\$7.33	rate set 01/01/2007; qty limit eff. 5/1/09
26	A4232	Syringe with needle for external insulin pump, sterile 3cc		NO		NO			\$2.54	
27	A4233	Replacement battery , other than J cell home glucose mon. each		NO		NO			\$0.72	rate set 08/01/2007; new rate to begin DOS 4/1/09
28	A4234	Replacement battery , J cell, home glucose mon. each		NO		NO			\$3.27	rate set 08/01/2007
29	A4235	Replacement battery, lithium, home glucose mon. each		NO		NO			\$2.11	rate set 08/01/2007
30	A4236	Replacement battery, silver oxide, home glucose mon., each		NO		NO			\$1.50	rate set 08/01/2007
31	A4250	Urine test or reagent strips or tablets 100 tablets or strips=1 unit	Y/ 12 months if PA required	YES > 2unit	per calendar month	NO			\$15.00	Coverage will be through pharmacy 10/5/10 and after

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32	A4252	Blood ketone test or reagent strip, each	Y/12 months	YES		NO				Coverage will be through pharmacy 10/5/10 and after
33	A4253	Blood glucose test or reag. strips blood glucose monitor, 50 strips=1unit	Y/ 12 months if PA required	YES> 4 unit	per calendar month	NO			\$35.76	Coverage will be through pharmacy 10/5/10 and after
34	A4256	Normal, low and high calibrator solution/chips		NO		NO			\$10.52	Coverage will be through pharmacy 10/5/10 and after
35	A4258	Spring-powered device for lancet, each		NO		NO			\$17.26	Coverage will be through pharmacy 10/5/10 and after

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36	A4259	Lancets per box of 100 1 unit=100 lancets	Y/ 12 months if PA required	YES> 2 unit	per calendar month	NO			\$10.85	Coverage will be through pharmacy 10/5/10 and after
37	A4261	Cervical Cap Contraceptive		NO		NO			\$1.39	
38	A4265	Paraffin		NO		NO			\$3.24	
39	A4280	Adhesive skin support attachment for use with external breast prosthesis, each		NO		NO			\$4.76	
40	A4305	IV delivery system disposable 50 ml or greater per hour	Y/12 months	YES		NO			M	
41	A4306	IV delivery system disposable 5 ml or less per hour	Y/12 months	YES		NO			M	
42	A4310	Insert tray w/o bag/cath	Y/ 12 months if PA required	YES > 1	per calendar month	NO			\$6.48	
43	A4311	Insertion tray w/o bag, with indwelling catheter, foley type, 2-way latex	Y/ 12 months if PA required	YES> 1	per calendar month	NO			\$14.16	
44	A4312	Cath w/o bag 2-way silicone		NO		NO			\$16.88	

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45	A4313	With indwelling catheter, foley type, 3-way for continuous irrigation		NO		NO			\$17.67	
46	A4314	Cath w/drainage 2-way latex		NO		NO			\$24.12	
47	A4315	Cath w/drainage 2-way silicone		NO		NO			\$25.17	
48	A4316	Cath w/drainage 3-way		NO		NO			\$27.09	
49	A4320	Irrigation tray	Y/ 12 months if PA required	YES > 9	per calendar month	NO			\$5.08	
50	A4322	Irrigation syringe, bulb or piston, each	Y/ 12 months if PA required	YES >9	per calendar month	NO			\$2.85	
51	A4326	Male external catheter w/integral collection chamber, any type each, made of rubber or plastic, designed to be washed & reused.	Y/ 12 months if PA required	YES>2	per calendar month	NO			\$10.29	
52	A4327	Fem urinary collect dev cup		NO		NO			\$42.56	
53	A4328	Fem urinary collect pouch		NO		NO			\$9.87	
54	A4330	Stool collection pouch		NO		NO			\$6.82	
55	A4331	External drainage tubing for urinary leg bag or urostomy, each		NO		NO			\$3.04	

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56	A4332	Lubricant, individual sterile, for insertion of urinary catheter, each		NO		NO			\$0.12	
57	A4333	Urinary catheter anchoring device, adhesive skin attachment, each		NO		NO			\$2.10	
58	A4334	Urinary catheter anchoring device, leg strap, each		NO		NO			\$4.71	
59	A4338	Indwelling catheter foley type, two-way latex with coating, each	Y/ 12 months if PA required	YES >31	per calendar month	NO			\$11.70	07/02/2007 limit change
60	A4340	Indwelling catheter, specialty type; coude, mushroom, wing, etc, each		NO		NO			\$26.07	
61	A4344	Catheter indwelling, foley type, 2 way, all silicone, each	Y/ 12 months if PA required	YES>31	per calendar month	NO			\$15.28	07/02/2007 limit change
62	A4346	Catheter indwelling, foley type, 3 way, for continuous irrigation, each		NO		NO			\$18.69	
63	A4349	Male ext. catheter w or w/o adhesive, disposable, each		NO		NO			\$2.02	
64	A4351	Intermittent urinary straight tip urine catheter, with or without coating		NO		NO			\$1.47	

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65	A4352	Intermittent urinary catheter, Coude tip, with or without coating		NO		NO			\$5.20	
66	A4353	Intermittent urinary cath sterile catheterization kit	Y/12 months if PA required	YES>124	per calendar month	NO			\$6.67	04/02/2007 limit change
67	A4354	Insertion tray with drainage bag but without catheter		NO		NO			\$11.25	
68	A4355	Bladder irrigation tubing set through a three-way indwelling foley catheter, each		NO		NO			\$8.50	
69	A4356	Ext ureth clmp or compr dvc	Y/ 12 months if PA required	YES > 4	4 per year	NO			\$43.52	
70	A4357	Bedside drainage bag	Y/ 12 months if PA required	YES > 1	per calendar month	NO			\$7.86	
71	A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each		NO		NO			\$5.39	
72	A4359	Urinary suspensory w/o leg bag							CMS DC 1/07	1/2/2007

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73	A4361	Ostomy face plate	Y/ 12 months if PA required	YES> 6	6 per year	NO			\$18.37	rate change 8/1/2007
74	A4362	Solid skin barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$3.17	rate change 8/1/2007
75	A4363	Ostomy clamp, any type , each		NO		NO			\$2.01	rate change 8/1/2007
76	A4364	Adhesive, liquid or equal, any type, per ounce		NO		NO			\$2.93	rate change 8/1/2007
77	A4366	Ostomy vent, any type, each	Y/12 months if PA required	YES>1	per calendar month	NO			\$1.30	rate change 8/1/2007
78	A4367	Ostomy belt	Y/12 months if PA required	YES> 1	per calendar month	NO			\$7.35	rate change 8/1/2007
79	A4368	Ostomy filter		NO		NO			\$0.26	rate change 8/1/2007
80	A4369	Skin barrier liquid per oz		NO		NO			\$2.42	rate change 8/1/2007

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81	A4371	Skin barrier powder per oz		NO		NO			\$3.65	rate change 8/1/2007
82	A4372	Ostomy Skin barrier solid 4x4 equiv		NO		NO			\$4.18	rate change 8/1/2007
83	A4373	Skin barrier with flange		NO		NO			\$6.28	rate change 8/1/2007
84	A4375	Drainable plastic pch w fcpl		NO		NO			\$17.18	rate change 8/1/2007
85	A4376	Drainable rubber pch w fcplt		NO		NO			\$47.58	rate change 8/1/2007
86	A4377	Drainable plstic pch w/o fp		NO		NO			\$4.29	rate change 8/1/2007
87	A4378	Drainable rubber pch w/o fp		NO		NO			\$30.75	rate change 8/1/2007
88	A4379	Urinary plastic pouch w fcpl		NO		NO			\$15.02	rate change 8/1/2007
89	A4380	Urinary plastic pouch w/o fp		NO		NO			\$37.33	rate change 8/1/2007
90	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		NO		NO			\$4.61	rate change 8/1/2007

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91	A4382	Urinary hvy plstc pch w/o fp		NO		NO			\$24.62	rate change 8/1/2007
92	A4383	Urinary rubber pouch w/o fp		NO		NO			\$28.19	rate change 8/1/2007
93	A4384	Ostomy faceplt/silicone ring		NO		NO			\$9.62	rate change 8/1/2007
94	A4385	Ost skn barrier sld ext wear		NO		NO			\$5.10	rate change 8/1/2007
95	A4387	Ost clsd pouch w att st barr		NO		NO			\$3.83	rate change 8/1/2007
96	A4388	Drainable pch w ex wear barr		NO		NO			\$4.36	rate change 8/1/2007
97	A4389	Drainable pch w st wear barr		NO		NO			\$6.22	rate change 8/1/2007
98	A4390	Drainable pch ex wear convex		NO		NO			\$9.61	rate change 8/1/2007
99	A4391	Urinary pouch w ex wear barr		NO		NO			\$7.07	rate change 8/1/2007
100	A4392	Urinary pouch w st wear barr		NO		NO			\$8.18	rate change 8/1/2007

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101	A4393	Urine pch w ex wear bar conv		NO		NO			\$9.04	rate change 8/1/2007
102	A4394	Ostomy pouch liq deodorant w/wo lubricant		NO		NO			\$2.58	rate change 8/1/2007
103	A4395	Ostomy pouch solid deodorant		NO		NO			\$0.05	
104	A4396	Ostomy belt with peristomal hernia support		NO		NO			\$40.48	rate change 8/1/2007
105	A4397	Irrigation supply sleeve	Y/ 12 months if PA required	YES > 4	per calendar month	NO			\$4.07	rate change 8/1/2007
106	A4398	Ostomy irrigation bag	Y/ 12 months if PA required	YES > 4	4 per year	NO			\$12.56	rate change 8/1/2007
107	A4399	Ostomy irrig cone/cath w brs	Y/ 12 months if PA required	YES > 4	4 per year	NO			\$10.93	rate change 8/1/2007
108	A4400	Ostomy irrigation set	Y/ 12 months if PA required	YES > 1	per calendar month	NO			\$46.76	rate change 8/1/2007

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109	A4402	Lubricant price is per oz. 1 oz.=1 unit	Y/12 months if PA required	YES>4 oz	per calendar month	NO			\$1.36	rate change 8/1/2007 limit of 4 oz. per calendar month corrected 2/6/08
110	A4404	Ostomy ring each	Y/ 12 months if PA required	YES > 10	per calendar month	NO			\$1.49	rate change 8/1/2007
111	A4405	Ostomy skin barrier, non-pectin based, paste, per oz		NO		NO			\$3.40	rate change 8/1/2007
112	A4406	Ostomy skin barrier, pectin based, per oz		NO		NO			\$5.74	rate change 8/1/2007
113	A4407	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or <		NO		NO			\$8.76	rate change 8/1/2007
114	A4408	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or >		NO		NO			\$9.87	rate change 8/1/2007
115	A4409	Ostomy skin barrier with flange		NO		NO			\$6.22	rate change 8/1/2007
116	A4410	Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x4 ea		NO		NO			\$9.04	rate change 8/1/2007

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117	A4411	Ostomy skin barrier, solid 4x4 or eq. ext. wear, built in convexity, each		NO		NO			\$5.10	rate change 8/1/2007
118	A4412	Ostomy pouch, drainable, high opt, use on barrier w/ o filter each		NO		NO			\$2.70	rate change 8/1/2007
119	A4413	Ostomy pouch, drainable, high opt, use on barrier w/ fl with filter ea		NO		NO			\$5.50	
120	A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <		NO		NO			\$4.93	
121	A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >		NO		NO			\$6.00	
122	A4416	Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NO			\$2.75	
123	A4417	Ostomy pouch,closed, w/barrier att.,w/built-in convexity, w/filter 1 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$3.72	
124	A4418	Ostomy pouch,closed, w/o barrier att. W/filter 1 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NO			\$1.81	

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125	A4419	Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$1.74	
126	A4420	Ostomy pouch, closed, use on barrier with lock flange 2 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$1.86	
127	A4421	Ostomy supply, miscellaneous	Y/12 months if PA required	YES		NO			M	
128	A4423	Ostomy pouch closed, 2 pc. Locking flange, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$1.86	rate change 8/1/2007
129	A4424	Ostomy pouch, drainable,w/barrier 1 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$4.75	rate change 8/1/2007
130	A4425	Ostomy pouch drainable, non-locking flange 2 pc each	Y/12 months if PA required	YES>60	per calendar month	NO			\$3.58	rate change 8/1/2007
131	A4426	Ostomy pouch, drainable, with locking flange, 2 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NO			\$2.73	rate change 8/1/2007

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132	A4427	Ostomy pouch, drainable , use on barrier w/locking flange, w/filter 2 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$2.78	rate change 8/1/2007
133	A4428	Ostomy pouch, urinary, extended wear faucet type tap, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$6.51	rate change 8/1/2007
134	A4429	Ostomy pouch, urinary w/convexity, faucet type tap, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$8.25	rate change 8/1/2007
135	A4430	ostomy pouch urinary, ext. wear, convexity, faucet tap, each	Y/12 months if PA required	YES>60	per calendar month	NO			\$8.52	rate change 8/1/2007
136	A4431	ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea.	Y/12 months if PA required	YES>60	per calendar month	NO			\$6.22	rate change 8/1/2007
137	A4432	ostomy pouch, urinary, non-locking flange, faucet type, ea.	Y/12 months if PA required	YES>60	per calendar month	NO			\$3.59	rate change 8/1/2007
138	A4433	ostomy pouch, urinary, w/locking flange, ea.	Y/12 months if PA required	YES>60	per calendar month	NO			\$3.34	rate change 8/1/2007

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139	A4434	ostomy pouch, urinary, w/locking flange, w/faucet type tap ea.	Y/12 months if PA required	YES>60	per calendar month	NO			\$3.76	rate change 8/1/2007
140	A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	Y/12 months if PA required	YES>60	per calendar month	NO			\$5.01	CMS ADDED 1/1/13
141	A4450	Tape, non-water proof, 18 sq inches		NO		NO			\$0.09	
142	A4452	Tape, water proof , 18 sq inches		NO		NO			\$0.36	
143	A4455	Adhesive remover per ounce	Y/12 months if PA required	YES>32		NO			\$1.16	
144	A4456	Adhesive remover, wipes, any type, each		NO		NO			\$0.26	CMS added 1/1/10
145	A4465	Non elastic binder for extremity	Y/12 months	YES		NO			M	11/16/2007
146	A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	Y/12 months	YES		NO			M	CMS added 1/1/10
147	A4481	Tracheostoma filter		NO		NO			\$0.37	

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148	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation, each	Y/12 months	YES		NO			M	added to fee schedule 4/14/08
149	A4520	Incontinent garment any type, each NO COVERAGE THROUGH DME								
150	A4556	Electrodes, apnea monitor, per pair		NO		NO			\$9.94	
151	A4557	Lead wires, apnea monitor per pair		NO		NO			\$20.19	
152	A4558	Conductive paste or gel for use with electrical device E.G. tens		NO		NO			\$5.22	
153	A4561	Pessary, rubber, any type		NO		NO			\$16.82	
154	A4562	Pessary, nonrubber, any type		NO		NO			\$45.57	
155	A4565	Slings		NO		NO			\$4.35	
156	A4595	TENS suppl 2 lead per month		NO		NO			\$27.56	
157	A4600	sleeve for intmt. Limb compression device, replac. only	Y/12 months	YES		NO			M	1/2/2007
158	A4601	Lithium ion battery for non-prosthetic use, repl. Only	Y/12 months	YES		NO			M	1/2/2007
159	A4604	tubing with integrated heat use with pos. airway pressure device		NO		NO			\$60.13	01/02/2007 rate set

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160	A4605	Tracheal suction catheter, closed system, each		NO		NO			\$14.76	01/02/2007 rate change
161	A4606	Oximeter probe replacement		NO		NO			\$27.00	
162	A4608	Transtracheal oxygen catheter, each		NO		NO			\$52.63	rate change per CMS
163	A4611	Heavy duty battery, Ventilator, replacement for patient owned		NO		NO			\$174.26	
164	A4612	Battery cables		NO		NO			\$65.00	
165	A4613	Battery charger		NO		NO			\$137.96	
166	A4614	Hand-held PEFr meter		NO		NO			\$22.75	
167	A4618	Breathing circuits		NO		NO			\$8.51	
168	A4619	Face tent		NO		NO			\$1.27	rate change per CMS
169	A4623	Tracheostomy inner cannula	Y/ 12 months if PA required	YES>31	per calendar month	NO			\$5.31	
170	A4624	Tracheal suction tube	Y/ 12 months if PA required	YES> 91	per calendar month	NO			\$2.14	

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171	A4625	Trach care kit for new trach	Y/ 12 months if PA required	YES> 1	per calendar month	NO			\$6.61	
172	A4626	Tracheostomy cleaning brush	Y/ 12 months if PA required	YES > 2	per calendar month	NO			\$2.59	
173	A4627	Spacer, bag or reservoir for inhaler		NO		NO			\$38.00	
174	A4628	Oropharyngeal suction cath		NO		NO			\$3.58	
175	A4629	Tracheostomy care kit		NO		NO			\$4.42	
176	A4630	Repl bat t.e.n.s. own by pt		NO		NO			\$5.98	
177	A4635	Underarm crutch pad		NO		NO			\$4.89	
178	A4636	Handgrip for cane etc		NO		NO			\$3.81	rate change from \$4.02 eff. 3/1/10
179	A4637	Repl tip cane/crutch/walker		NO		NO			\$1.93	rate change from \$2.04 eff 3/1/10
180	A4640	Alternating pressure pad		NO		NO			\$60.58	
181	A4649	Surgical Supply, Miscellaneous	Y/12 months	YES		NO			M	

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182	A5051	Pouch clsd w barr attached	Y/ 12 months if PA required	YES>60	per calendar month	NO			\$1.86	rate set 08/01/2007
183	A5052	Clsd ostomy pouch w/o barr	Y/ 12 months if PA required	YES > 60	per calendar month	NO			\$1.35	
184	A5053	Clsd ostomy pouch faceplate	Y/ 12 months if PA required	YES> 60	per calendar month	NO			\$1.41	
185	A5054	Clsd ostomy pouch w/flange	Y/ 12 months if PA required	YES> 60	per calendar month	NO			\$1.42	
186	A5055	Stoma cap	Y/ 12 months if PA required	YES > 31	per calendar month	NO			\$1.37	
187	A5061	Pouch drainable w barrier at	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$3.70	1/16/09 rate change from \$2.58
188	A5062	Drnble ostomy pouch w/o barr	Y/ 12 months if PA required	YES >20	per calendar month	NO			\$2.12	

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189	A5063	Drain ostomy pouch w/flange	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$2.29	rate change 02/14/2007
190	A5071	urinary pouch w/barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$4.15	
191	A5072	urinary pouch w/o barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$3.36	
192	A5073	urinary pouch on barr w/flng	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$3.04	
193	A5081	Continent stoma plug	Y/ 12 months if PA required	YES > 31	per calendar month	NO			\$2.97	
194	A5082	Continent stoma catheter	Y/ 12 months if PA required	YES > 1	per calendar month	NO			\$9.64	
195	A5083	Continent device, stoma absorptive cover for continent device, each		NO		NO			\$0.50	eff. DOS 8-1-08 and after.

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196	A5093	Ostomy accessory convex inse	Y/ 12 months if PA required	YES > 10	per calendar month	NO			\$1.86	
197	A5102	Bedside drain btl w/wo tube	Y/ 12 months if PA required	YES > 4	4 per year	NO			\$21.53	
198	A5105	urinary suspensory with leg bag w/wo tube each		NO		NO			\$33.88	CMS description chg. 1/08
199	A5112	urinary leg bag		NO		NO			\$33.02	
200	A5113	Latex leg strap		NO		NO			\$3.81	
201	A5114	Foam/fabric leg strap	Y/ 12 months if PA required	YES > 1	per calendar month	NO			\$7.24	
202	A5120	Skin barrier wipes or swabs , each		NO		NO			\$0.20	rate change 01/02/2007
203	A5121	Solid skin barrier 6x6	Y/ 12 months if PA required	YES > 20	per calendar month	NO			\$7.12	

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204	A5122	Solid skin barrier 8x8	Y/ 12 months if PA required	YES>20	per calendar month	NO			\$12.26	
205	A5126	Disk/foam pad +or- adhesive	Y/ 12 months if PA required	YES > 10	per calendar month	NO			\$1.07	
206	A5131	Appliance cleaner	Y/ 12 months if PA required	YES > 1	per calendar month	NO			\$15.11	
207	A5200	Percutaneous catheter anchor		NO		NO			\$10.78	
208	A5500	Diabetic shoe for density insert, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			\$55.72	rate change 08/01/2007; PA removed eff 8-1- 10;
209	A5501	Diabetic custom molded shoe, per shoe	Y/ 12 months	YES		NO			\$167.13	rate change 08/01/2007
210	A5503	Diabetic shoe w/roller/rocker, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	rate change 08/01/2007; PA removed eff 8-1- 10;

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211	A5504	Diabetic shoe with wedge, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	rate change 08/01/2007; PA removed eff 8-1- 10;
212	A5505	Diabetic shoe w/metatarsal bar, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	rate change 08/01/2007; PA removed eff 8-1- 10;
213	A5506	Diabetic shoe w/offset heel, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	rate change 08/01/2007; PA removed eff 8-1- 10;
214	A5507	Modification to diabetic shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	rate change 08/01/2007; PA removed eff 8-1- 10;
215	A5508	For diabetics only, deluxe feature of off the shelf depth-inlay or custom-molded shoe, per shoe	Y/12 months	YES	2 per calendar year	NO			\$32.00	PA removed eff. 8-1-10

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216	A5510	For diabetics only, direct formed, compression molded, without heat, mul density insert prefab, per shoe	Y/12 months	YES	2 per calendar year	NO			\$32.00	PA removed eff. 8-1-10
217	A5512	Diabetic only insert mult. Density direct formed, each	Y/12 months	Yes>6 per calendar year	6 per year	NO			\$22.73	rate change 08/01/2007; PA removed eff 8-1-10;
218	A5513	Diabetic only insert mult. Density custom formed, each	Y/12 months	YES	6 per year	NO			\$32.00	
219	A6010	Collagen based wound filler, dry form, per gram of collagen		NO		NO			\$24.77	
220	A6011	Collagen based wound filler, gel/paste, per gram of collagen		NO		NO			\$1.82	
221	A6021	Collagen drsg, size 16 sq inches or less, each		NO		NO			\$21.02	
222	A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches		NO		NO			\$20.05	
223	A6023	Collagen drsg, more than 48 square inches, each	Y/12 months	YES		NO			\$181.51	
224	A6024	Collagen drsg wound filler, per 6 inches		NO		NO			\$5.90	

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225	A6154	Wound pouch each		NO		NO			\$13.71	
226	A6196	alginate dressing <=16 sq in, each		NO		NO			\$7.01	
227	A6197	alginate drsg >16 <=48 sq in, each		NO		NO			\$15.68	
228	A6203	Composite drsg <= 16 sq in, each		NO		NO			\$3.19	
229	A6204	Composite drsg >16<=48 sq in, each		NO		NO			\$5.94	
230	A6207	Contact layer >16<= 48 sq in, each		NO		NO			\$7.00	
231	A6209	Foam drsg <=16 sq in w/o bdr, each		NO		NO			\$7.14	
232	A6210	Foam drg >16<=48 sq in w/o b, each		NO		NO			\$19.00	
233	A6211	Foam drg > 48 sq in w/o brdr, each		NO		NO			\$28.01	
234	A6212	Foam drg <=16 sq in w/border, each		NO		NO			\$9.25	
235	A6214	Foam drg > 48 sq in w/border, each		NO		NO			\$9.82	
236	A6216	Non-sterile gauze<=16 sq in, each		NO		NO			\$0.05	07/02/2007 limit removed
237	A6217	Non-sterile gauze>16 sq in <= 48", w/o adhesive border, each		YES		NO			M	added to fee schedule March 09
238	A6219	Gauze <= 16 sq in w/border, each		NO		NO			\$0.91	
239	A6220	Gauze >16 <=48 sq in w/border, each		NO		NO			\$2.46	
240	A6222	Gauze <=16 in no w/sal w/o b, each		NO		NO			\$2.03	
241	A6223	Gauze >16<=48 no w/sal w/o b, each		NO		NO			\$2.30	
242	A6224	Gauze > 48 in no w/sal w/o b, each		NO		NO			\$3.44	

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243	A6229	Gauze >16<=48 sq in watr/sal, each		NO		NO			\$3.44	
244	A6231	Gauze, hydrogel, 16 sq in or less, each		NO		NO			\$4.46	
245	A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each		NO		NO			\$6.57	
246	A6233	Gauze, hydrogel, more than 48 sq inches, each		NO		NO			\$18.30	
247	A6234	Hydrocolld drg <=16 w/o bdr, each		NO		NO			\$6.24	
248	A6235	Hydrocolld drg >16<=48 w/o b, each		NO		NO			\$16.05	
249	A6236	Hydrocolld drg > 48 in w/o b, each		NO		NO			\$25.99	
250	A6237	Hydrocolld drg <=16 in w/bdr, each		NO		NO			\$7.54	
251	A6238	Hydrocolld drg >16<=48 w/bdr, each		NO		NO			\$21.74	
252	A6240	Hydrocolld drg filler paste, each		NO		NO			\$11.68	
253	A6241	Hydrocolloid drg filler dry, each		NO		NO			\$2.45	
254	A6242	Hydrogel drg <=16 in w/o bdr, each		NO		NO			\$5.79	
255	A6243	Hydrogel drg >16<=48 w/o bdr, each		NO		NO			\$11.75	
256	A6244	Hydrogel drg >48 in w/o bdr, each		NO		NO			\$37.46	
257	A6245	Hydrogel drg <= 16 in w/bdr, each		NO		NO			\$6.93	
258	A6246	Hydrogel drg >16<=48 in w/b, each		NO		NO			\$9.46	
259	A6247	Hydrogel drg > 48 sq in w/b, each		NO		NO			\$22.68	
260	A6248	Hydrogel drsg gel filler per fl. oz		NO		NO			\$15.49	

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261	A6251	Absorpt drg <=16 sq in w/o b, each		NO		NO			\$1.90	
262	A6252	Absorpt drg >16 <=48 w/o bdr, each		NO		NO			\$3.10	
263	A6253	Absorpt drg > 48 sq in w/o b, each		NO		NO			\$6.05	
264	A6254	Absorpt drg <=16 sq in w/bdr, each		NO		NO			\$1.16	
265	A6255	Absorpt drg >16<=48 in w/bdr, each		NO		NO			\$2.89	
266	A6257	Transparent film <= 16 sq in, each		NO		NO			\$1.46	
267	A6258	Transparent film >16<=48 in, each		NO		NO			\$4.10	
268	A6259	Transparent film > 48 sq in, each		NO		NO			\$10.43	
269	A6266	Impreg gauze no h20/sal/yd,		NO		NO			\$1.83	
270	A6402	Sterile gauze <= 16 sq in, each		NO		NO			\$0.12	
271	A6403	Sterile gauze>16 <= 48 sq in, each		NO		NO			\$0.41	
272	A6407	Packing strips, non-impregn, up to 2 inches in width, per lin yd		NO		NO			\$1.50	
273	A6410	Eye pad, sterile, each		NO		NO			\$0.41	added 5/1/10
274	A6441	Padding bandg. Non-elast. >=3" and < 5", per yard		NO		NO			\$0.54	
275	A6442	Conforming bandg. Non-sterile, width <3", per yard		NO		NO			\$0.14	
276	A6443	Conforming bandg. Non-sterile, width >=3' and < 5", per yard		NO		NO			\$0.23	

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277	A6444	Conforming bandg. Non-sterile, width >=5", per yard		NO		NO			\$0.45	
278	A6445	Conforming bandg. Sterile, width <3", per yard		NO		NO			\$0.26	
279	A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard		NO		NO			\$0.33	
280	A6447	Conforming bandg. Sterile, width >= 5 ",per yard		NO		NO			\$0.54	
281	A6448	Lt. Compression bandg. Width , 3", per yard		NO		NO			\$0.93	
282	A6449	Lt. Compression bandg. Width >= 3", < 5" per yard		NO		NO			\$1.40	
283	A6452	High compression bandg., width >=3 " and < 5", per yard		NO		NO			\$4.73	
284	A6453	Self-adherent bandg. Width <3", per yard		NO		NO			\$0.49	
285	A6454	Self-adherent bandg. Width >=3" and < 5", per yard		NO		NO			\$0.62	
286	A6455	Self-adherent bandg. Width >=5", per yard		NO		NO			\$1.11	

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287	A6456	Zinc paste impregnated width >=3" and < 5", per yard		NO		NO			\$1.02	
288	A6457	Tubular drsg. W or w/o elastic any width, per linear yd.		NO		NO			\$0.91	
289	A6503	Compression burn garment, facial hood, custom	Y/6 months	YES		NO			M	added for DOS 4/1/09 and after
290	A6504	Compression burn garment, glove to wrist, custom fabricated	Y/6months	YES		NO			M	
291	A6505	Compression burn garment glove to elbow sleeve custom	Y/6 months	YES		NO			M	code added 07/02/2007
292	A6506	Compression burn garment glove to axilla, custom fab., each	Y/6 months	YES		NO			M	code added 4-1-08
293	A6507	Compression burn garment, foot to thigh length-custom fab., each	Y/6 months	YES		NO			M	code effective as of 8/1/07
294	A6509	Compression burn vest, custom fabricated, each	Y/6 months	YES		NO			M	code added 04/02/2007
295	A6510	Compression burn garment, trunk incl. arms down to leg openings (leotard) custom fabricated, each	Y/6 months	YES		NO			M	code added to fee schedule 8/21/09

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296	A6511	Compression burn garment, lower trunk including leg openings, custom, each	Y/6 months	YES		NO				code added M 07/02/2007
297	A6512	Compression burn garment NOC	Y/6 months	YES		NO				code added M 07/02/2007
298	A6513	Compression burn mask, face and/or neck, plastic or equal, custom	Y/6 months	YES		NO				code added M 04/02/2007
299	A6530	Gradient compression stocking below knee, 18-30mm Hg, each	Y/12 months	YES		NO				code added M 8/30/07, clarification 9/08
300	A6531	Gradient compression stocking below knee, 30-40mmg Hg, each	Y/12 months	YES		NO			\$38.94	code added 8/30/07
301	A6532	Gradient compression stocking below knee, 40-50mmg Hg, each	Y/12 months	YES		NO				code added M 1/9/09 for effective date of
302	A6534	Gradient compression stocking, thigh length, 30-44 mm Hg, each	Y/12 months	YES		NO				code added 12/07
303	A6549	Gradient compression stocking/sleeve, NOC	Y/12 months	YES		NO				code eff. M 1/1/2010; added 4/30/10

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304	A6550	Drsg. Set for neg. pressure wound therapy		NO		NO			\$21.94	
305	A7000	Disposable canister for pump		NO		NO			\$8.63	rate change from \$9.13 effective 3/1/10
306	A7001	Nondisposable pump canister		NO		NO			\$27.96	
307	A7002	Tubing used w suction pump		NO		NO			\$3.11	
308	A7003	Nebulizer administration set		NO		NO			\$2.60	
309	A7004	Disposable nebulizer sml vol		NO		NO			\$1.47	
310	A7005	Nondisposable nebulizer set		NO		NO			\$25.07	
311	A7006	Filtered nebulizer admin set		NO		NO			\$9.13	
312	A7007	Lg vol nebulizer disposable		NO		NO			\$4.16	
313	A7008	Disposable nebulizer prefill		NO		NO			\$8.94	
314	A7009	Nebulizer reservoir bottle		NO		NO			\$39.23	
315	A7010	Disposable corrugated tubing		NO		NO			\$19.18	
316	A7012	Nebulizer water collec devic		NO		NO			\$3.62	
317	A7013	Disposable compressor filter		NO		NO			\$0.67	
318	A7014	Compressor nondispos filter		NO		NO			\$4.29	
319	A7015	Aerosol mask used w nebulize		NO		NO			\$1.80	
320	A7016	Nebulizer dome & mouthpiece		NO		NO			\$6.53	
321	A7017	Nebulizer not used w oxygen		NO		NO			\$128.23	

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322	A7018	Water, distilled, nebulizer, 1000 ml		NO		NO			\$0.31	
323	A7027	Comb. Oral/nasal mask, used with CPAP, each	Y/12 months	YES		NO			\$167.87	CMS code addition 1/08
324	A7028	Oral cushion for A7027, replacement only, each	Y/12 months	YES		NO			\$44.59	CMS code addition 1/08
325	A7029	nasal pillows for A7027, replacement only, each	Y/12 months	YES		NO			\$18.22	CMS code addition 1/08
326	A7030	Full face mask used with positive airway pressure device, each	y/6 months if PA required	YES>1	1 per year	NO			\$170.72	new rate eff.DOS 4/1/09; former rate \$188.64
327	A7031	Face mask interface, replacement for full face mask, each	y/6 months if PA required	YES>1	1 per month	NO			\$62.79	
328	A7032	Replacement cushion for nasal application device, each	y/6 months if PA required	YES >2	2 /cal. month	NO			\$32.42	\$23.33 former rate change eff. 1/15/08
329	A7033	Replacement pillows for nasal application device, each	y/6 months if PA required	YES >12	12 per year	NO			\$23.33	

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330	A7034	nasal Interface(mask or cannula type) used with pos airway pressure device with or without head strap	y/6 months if PA required	YES >4	4 per year	NO			\$94.11	\$76.89 former rate change eff. 1/15/08
331	A7035	Headgear used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			\$32.97	rate change from \$34.84 effective 3/1/10.
332	A7036	Chinstrap used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			\$14.10	rate change from \$14.90 effective 3/1/10
333	A7037	Tubing used with positive airway presure device	y/6 months if PA required	YES >1	1 /cal. month	NO			\$36.43	rate change from \$38.51 effective 3/1/10
334	A7038	Filter, disposable, used with positive airway pressure device	y/6 months if PA required	YES>2	2 /cal. month	NO			\$4.88	rate change from \$5.16 effective 3/1/10
335	A7039	Filter, non disposable used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			\$11.79	rate change from \$12.46 eff. 3/1/10
336	A7040	One way chest drain valve		NO		NO			\$34.18	
337	A7043	Vac. Drainage bottle & tubing for implanted catheter		NO		NO			\$24.30	

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338	A7044	oral interface used with positive pressure airway device, ea.		NO		NO			\$96.73	rate effective 1/15/08 PA req. removed eff. 1/15/08.
339	A7045	Exhalation port, w or w/o swivel used For positive airway		NO		NO			\$17.52	
340	A7046	Water chamber for humidifier, used with pos. airway pressure device, replac. Each	Y/6 months if PA required	YES>2	2/cal. month	NO			\$15.61	
341	A7501	Tracheostoma valve, including diaphragm, each		NO		NO			\$100.18	
342	A7502	Replacement diaphragm/faceplate for tracheostoma valve, each		NO		NO			\$47.61	
343	A7503	Filter holder, cap reusable, tracheostoma, each		NO		NO			\$10.81	
344	A7504	Filter, tracheostoma, heat and moisture exc, each		NO		NO			\$0.64	
345	A7505	Housing, reusable without adhesive, tracheostoma, each		NO		NO			\$4.46	

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346	A7506	Adhesive disc, tracheostoma valve, any type, each		NO		NO			\$0.32	
347	A7507	Filter holder and filter without adhesive, tracheostoma, each		NO		NO			\$2.49	rate change eff 5-1-08.
348	A7508	Housing with adhesive, tracheostoma, each		NO		NO			\$2.74	
349	A7509	Filter holder with filter, adhesive, tracheostoma, each		NO		NO			\$1.34	
350	A7520	Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each		NO		NO			\$47.48	rate change eff. 5-1-08
351	A7521	Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each		NO		NO			\$37.64	
352	A7522	Trach/laryn. Tube, stainless steel or equal, sterilizable and reuseable, each	y/6 months if PA required	YES>2	2 per cal. month	NO			\$36.13	
353	A7524	Tracheostoma stent/stud/button, each		NO		NO			\$61.92	
354	A7525	Tracheostomy mask, each	y/6 months if PA required	YES>1	1per cal. month	NO			\$1.66	

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355	A7526	Tracheostomy tube collar/holder, each	y/6 months if PA required	YES>31	31 per cal. month	NO			\$2.70	
356	A7527	Tracheostomy/laryngectomy tube plug/stop, each		NO		NO			\$3.22	rate change 01/02/2007
357	A8000	helmet protective, soft prefab includes all components & accessories	Y/12 months	YES		NO			\$161.02	code added 01/02/2007; pricing set 3/1/10
358	A8001	Helmet, protective, hard, prefab, includes all components & accessories	Y/12 months	YES		NO			\$161.02	code added 01/02/2007; pricing set 3/1/10
359	A8002	Helmet, protective, soft, custom fab, includes all components & accessories	Y/12 months	YES		NO			M	code added 01/02/2007
360	A8003	Helmet, protective hard, custom fabricated, includes all components & accessories	Y/12 months	YES		NO			M	code added 01/02/2007
361	A8004	Soft interface for helmet, replacement only	Y/12 months	YES		NO			M	code added 01/02/2007

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362	A9276	Sensor; invasive, disposable, for use with continuous glucose monitoring system, 1 unit= 10 sensors	Y/12 months	YES		NO			M	code added 6/1/08; unit qty change eff. 12/11/09; this code does not move to pharmacy
363	A9277	Transmitter; external, for use with continuous glucose monitoring system	Y/12 months	YES		NO			M	code added 6/1/08; this code does not move to pharmacy
364	A9278	Receiver; monitor, external, for use with continuous glucose monitoring system	Y/12 months	YES		NO			M	code added 6/1/08; this code does not move to pharmacy
365	A9999	Misc. DME supply or accessory not other wise classified	Y/12 months	YES		NO			M	code added 01/02/2007;

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366	B4034	Enteral Feed Supply Kit Syringe Fed, per day 1 unit = 31 kits		NO	1 unit per calendar month	NO			\$173.60	rate change 04/02/2007 descrip. Change 7/1/08
367	B4035	Enteral Feed Supply Kit by Pump 1 unit=31 kits	Y/ 12 months	YES		NO			\$330.77	rate change 04/02/2007
368	B4036	Enteral Feed Supply Kit Gravity Fed 1 unit=31 kits		NO	1 unit per calendar month	NO			\$226.61	rate change 04/02/2007
369	B4081	Enteral NG tubing w/stylet		NO		NO			\$19.78	
370	B4082	Nasogastric tubing without stylet, each		NO		NO			\$14.73	code added 4/08
371	B4083	Enteral stomach tube levine		NO		NO			\$2.39	\$3.60 former rate change eff. 1/15/08; new rate eff. DOS 4/1/09; former rate \$2.57

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372	B4087	Gastrostomy/JejunostomyTube, standard, any material, any type, each	Y/12 months	YES		NO			\$30.58	CMS code addition 1/08 rate set eff.1/3/08
373	B4088	Gastrostomy/JejunostomyTube, low- profile, any material, any type, each	Y/12 months	YES		NO			\$30.58	CMS code addition 1/08 rate set eff.1/3/08
374	B4100	Food thickener, administered orally, per oz.	Y/12 months	NO		NO				Effective 1/1/11 M PA REMOVED
375	B4102	Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1 unit	Y/12 months	YES		NO				CMN length chg. M Eff. 12/1/08
376	B4103	Enteral formula , pediatric use, to replace fluids & electrolytes 500 ml=1 unit	Y/12 months	YES		NO				CMN length chg. M Eff. 12/1/08
377	B4104	Additive for enteral formula e.g. fiber per can	Y/12 months	YES		NO				Eff. 12/1/08. Additive is to be priced per can eff 12/13/10 M

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378	B4149	Enteral formula, blenderized Natural foods, thru enteral feeding tube 100 cal.=1 unit	Y/12 months	YES		NO			\$1.52	CMN length chg. Eff. 12/1/08; rate set 6/1/09
379	B4150	enteral formula,nutritionally complete with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 calories=1 unit	Y/12 months	YES		NO			\$0.65	rate eff. 6/1/09
380	B4152	Enteral formula, nutritionally complete, calorically dense,(equal to or > than 1.5 kcal/ml) with intact nutrients incl.proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal.=1 unit	Y/12 months	YES		NO			\$0.54	rate eff. 6/1/09

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381	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids & peptide chain), incl. fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal.=1 unit	Y/12 months	YES		NO			\$1.85	rate eff. 6/1/09
382	B4154	enteral formula, nutritionally complete, for special metabolic needs, excl. inherited disease of metabolism, incl. altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may incl fiber, adm through an enteral feeding tube, 100 cal.= 1 unit	Y/12 months	YES		NO			\$1.18	rate eff. 6/1/09

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383	B4155	enteral formula, nutritionally incomplete/modular nutrients, incl. specific nutrients, carbohydrates, (e.g. glucose polymers), proteins/amino acid (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, adm thorough an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			\$0.92	rate eff. 6/1/09
384	B4157	enteral formula, nutritionally complete, for special metabolic needs, for inherited disease of metabolism, incl. proteins, fats, carbohydrates, vitamins and minerals, may incl fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	

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385	B4158	Enteral formula, for peds, nutritionally complete with intact nutrients, incl. protein, fats, carbohydrates, vitamins and minerals, may incl. fiber and/or iron, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
386	B4159	Enteral formula, for peds, nutritionally complete soy based with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber and/or iron, adm through enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
387	B4160	Enteral formula, for peds, nutritionally complete, calorically dense(equal to or > than 0.7 kcal/ml) with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	

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388	B4161	Enteral formula, for peds, hydrolyzed/amino acids and peptide chain proteins, incl. fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
389	B4162	enteral formula, for peds, special metabolic needs for inherited disease of metabolism, incl proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
390	B4185	parenteral nutrition solution, per 10 gms lipids	Y/12 months	YES		NO			\$9.09	rate corrected 7/6/09-Manual pricing is not
391	B4189	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 10- 51 gms of protein, premix	Y/12 months	YES		NO			\$193.80	rate eff. 6/1/09

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392	B4193	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 52- 73 gms of protein, premix	Y/12 months	YES		NO			\$250.44	rate eff. 6/1/09
393	B4197	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 74- 100 gms of protein, premix	Y/12 months	YES		NO			\$304.89	rate eff. 6/1/09
394	B4199	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, over 100 gms of protein, premix	Y/12 months	YES		NO			\$348.40	rate eff. 6/1/09

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395	B4220	Parenteral supply kit 1 unit =31 kits	Y/12 mon. if PA required	YES>1	1 unit per month	NO			\$220.10	rate and # of units change 04/02/2007; CMN length chg. Eff. 12/1/08
396	B4222	Parenteral Nutrition Supply Kit Home Mix 1 unit=31 kits	Y/12 mon. if PA required	YES>1	1 unit per month	NO			\$243.87	rate and # of units change 04/02/2007; CMN length chg.
397	B4224	Parenteral administration kit 1 unit = 31 kits	Y/ 12 months	YES	1 unit per month	NO			\$687.89	units change 04/02/2007; CMN length chg. Eff. 12/1/08
398	B9002	Enteral pump with alarm	Y/ 12 months	YES		YES	YES	\$118.80	\$1,188.74	CMN length chg. Eff. 12/1/08; new rate eff. DOS 4/1/09 former rates RR \$135.00 Purchase

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399	B9004	Parenteral pump portable	Y/ 12 months	YES		YES	YES	\$223.80	\$2,238.01	CMN length chg. Eff. 12/1/08
400	B9006	Parenteral pump stationary	Y/ 12 months	YES		YES	YES	\$223.80	\$2,238.01	CMN length chg. Eff. 12/1/08
401	B9998	Enteral supplies, NOS	Y/ 12 months	YES		NO				CMN length chg. Eff. 12/1/08 M
402	B9999	Parenteral supplies, NOS	Y/ 12 months	YES		NO				CMN length chg. Eff. 12/1/08 M
403	E0100	Cane adjust/fixed with tip		NO		NO			\$17.14	
404	E0105	Cane adjust/fixed quad/3 pro		NO		NO			\$46.00	
405	E0110	Crutch forearm pair		NO		NO			\$71.57	
406	E0111	Crutch forearm each		NO		NO			\$43.31	
407	E0112	Crutch underarm pair wood		NO		NO			\$35.40	
408	E0113	Crutch underarm each wood		NO		NO			\$17.76	
409	E0114	Crutch underarm pair no wood		NO		NO			\$42.24	
410	E0116	Crutch underarm each no wood		NO		NO			\$22.75	
411	E0117	Crutch, underarm, articulating, spring assisted, each	Y/6 months	NO		NO			\$154.17	PA removed eff 12-1-09.
412	E0118	Crutch substitute, lower leg platform w/wo whells each	YES	YES		NO				added 1/1/09 for DOS 1/1/08 and after. M

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413	E0130	Walker rigid adjust/fixed ht		NO		NO			\$54.03	new rate eff. DOS 4/1/09 former rate \$57.11
414	E0135	Walker folding adjust/fixed		NO		NO			\$64.50	new rate eff. DOS 4/1/09; former rate \$68.18
415	E0140	Walker, w/trunk support, adj. Or fixed ht., any type		NO	1 per 4 years	NO			\$324.64	rate set 01/02/2007; PA & RR removed eff. With reg change
416	E0141	Rigid walker wheeled wo seat		NO		NO			\$93.23	new rate eff. DOS 4/1/09; former rate \$98.55
417	E0143	Walker folding wheeled w/o s		NO		NO			\$94.37	new rate eff. DOS 4/1/0; former rate \$99.77

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418	E0144	Enclosed walker w rear seat	Y/ 6 months	YES		Y/ month	YES	\$28.82	\$288.20	rate change from \$304.66 /RR \$30.47 effective 3/1/10
419	E0147	Heavy duty walker, mult. Braking system, variable wheel resistance	Y/12 months	YES		NO				added DOS M 8/1/10 and after
420	E0148	Walker heavy duty, without wheels, any type, each		NO		NO			\$114.98	new rate eff. DOS 4/1/09; former rate \$121.55
421	E0149	Walker heavy duty, wheeled, any type, each		NO		NO			\$202.00	new rate eff.DOS 4/1/09; former rate \$213.53
422	E0153	Forearm crutch platform atta		NO		NO			\$66.38	
423	E0154	Walker platform attachment, each		NO		NO			\$63.81	new rate eff. DOS 4/1/09; former rate \$67.45

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424	E0155	Walker wheel attachment, per pair		NO		NO			\$28.56	new rate eff.DOS 4/1/09; former rate \$30.20
425	E0156	Walker seat attachment		NO		NO			\$23.75	new rate eff. DOS 4/1/09; former rate \$25.10
426	E0157	Walker crutch attachment		NO		NO			\$63.02	rate change from \$66.61 effective 3/1/10
427	E0158	Walker leg extenders set of 4		NO		NO			\$24.75	rate change from \$26.16 effective 3/1/10
428	E0159	Brake for wheeled walker		NO		NO			\$16.17	rate change from \$17.10 effective 3/1/10
429	E0160	Sitz type bath or equipment		NO		NO			\$26.88	
430	E0161	Sitz bath/equipment w/faucet		NO		NO			\$21.33	
431	E0162	Sitz bath chair		NO		NO			\$118.48	

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432	E0163	Commode chair mobile or stationary fxd arms		NO		NO			\$102.61	07/02/2007 purchase only
433	E0165	Commode chair stationary or mobile detachable arms		NO		NO			\$177.70	07/02/2007 purchase only
434	E0167	Commode chair pail or pan replacement only		NO	1 per year	NO			\$9.76	
435	E0168	Commode chair, extra wide, heavy duty, any type each		NO		NO			\$144.38	07/02/2007 purchase only
436	E0170	Commode chair w seat lift mech. Electric, any type	Y/6 months	YES		NO			M	07/02/2007 purchase only
437	E0171	Commmode chair w seat lift mech. Non- electric		NO		NO			\$231.36	07/02/2007 purchase only. Rate set eff. 1/15/08; PA removed 10/08
438	E0172	Seat lift mechanism placed over top of toilet, any type	Y/6 months	YES					M	07/02/2007 purchase only
439	E0175	Commode chair foot rest		NO		NO			\$63.36	

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440	E0181	Powered Pressure reducing mattress alternating pump, heavy duty overlay/pad		NO		NO			\$230.40	description chg. 01/02/2007; PA & RR removed eff. With reg change
441	E0182	Pressure pad alternating pump		NO		NO			\$212.90	PA and RR removed eff. With reg change
442	E0184	Dry pressure mattress		NO		NO			\$158.33	PA removed and rental ended eff 12-1-09
443	E0185	Gel pressure mattress pad		NO		NO			\$260.11	PA removed and rental ended eff 12-1-09
444	E0186	Air pressure mattress		NO		NO			\$165.10	PA removed and rental ended eff 12-1-09

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445	E0187	Water pressure mattress		NO		NO			\$219.50	PA removed and rental ended eff 12-1-09
446	E0188	Synthetic Sheepskin pad		NO		NO			\$26.43	
447	E0189	Lambswool sheepskin pad		NO		NO			\$47.96	
448	E0190	positioning cushion/pillow/wedge any shape or size, incl. all components		NO		NO			\$26.47	
449	E0191	Protector heel or elbow		NO		NO			\$9.56	
450	E0193	Powered air flotation bed	Y/ 6 mon ths	YES		Y/ month	YES	\$817.63	\$8,167.30	new rate eff. DOS 4/1/09; former rates purchase \$8,643.40, RR \$864.34
451	E0194	Air fluidized bed	Y/ 6 mon ths	YES		Y/ month	YES	\$2,646.38	\$26,463.80	
452	E0196	Gel pressure mattress		NO		NO			\$264.20	PA & RR removed eff. With reg change

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453	E0197	Air pressure pad for mattres		NO		NO			\$180.18	08/01/2007 purchase only
454	E0198	Water pressure pad for mattr		NO		NO			\$211.98	PA & RR removed eff. With reg change
455	E0199	Dry pressure pad for mattres		NO		NO			\$30.66	
456	E0200	Heat lamp without stand		NO	1 per 5 years	NO			\$75.85	PA removed eff. With reg change; no RR
457	E0202	Phototherapy light w/ photom	Y/ 6 mon ths	YES		Y/day	YES	\$50.92	NA	
458	E0205	Heat lamp with stand		NO	1 per 5 years	NO			\$157.81	PA removed eff. 8/1/10; no RR
459	E0210	Electric heat pad standard	Y/12 months if PA required	YES>1	1 per year	NO			\$26.54	
460	E0215	Electric heat pad moist	Y/12 months if PA required	YES>1	1 per year	NO			\$57.60	

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461	E0217	Water circ heat pad w pump	Y/ 6 months	YES		Y/ month	YES	\$47.50	\$474.97	
462	E0220	Hot water bottle		NO		NO			\$6.89	CMS end dated 12/31/10
463	E0225	Hydrocollator unit		NO	1 per 4 year	Y/month	NO	\$37.18	\$371.81	removal of PA & PA for RR eff. 8/1/10
464	E0230	Ice cap or collar		NO		NO			\$6.89	CMS end dated 12/31/10
465	E0235	Paraffin bath unit portable	Y/ 6 months	YES		Y/ month	YES	\$16.51	\$165.10	
466	E0236	Pump for water circulating p	Y/ 6 months	YES		Y/ month	YES	\$35.99	\$359.90	
467	E0238	Heat pad non-electric moist	Y/ if PA required	YES>1	1 per year	NO			\$25.87	CMS end dated 12-31-10
468	E0239	Hydrocollator unit portable	Y/ 6 months	NO	1 per 4 year	Y/month	NO	\$38.07	\$380.71	removal of PA & PA for RR eff. 8/1/10
469	E0247	transfer bench	Y/6 months	YES		NO			M	

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470	E0248	transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each	Y/6 months	YES		NO			M	added 8/18/08 for DOS 4/28/08 and after
471	E0249	Pad water circulating heat u		NO		NO			\$81.00	
472	E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		Y/ month	YES	\$75.20	\$752.00	new rate eff. DOS 4/1/09; former rate purchase \$795.00, RR \$79.50
473	E0251	Hosp bed fixd ht w/o mattres	Y/ 12 months	YES		Y/ month	YES	\$56.98	\$569.80	new rate eff. DOS 4/1/09; former rate purchase \$602.40 RR \$60.24

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474	E0255	Hospital bed var ht w/ mattr	Y/ 12 months	YES		Y/ month	YES	\$91.07	\$910.70	new rate eff. DOS 4/1/09; former rates purchase \$962.80 RR \$96.28
475	E0256	Hospital bed var ht w/o matt	Y/ 12 months	YES		Y/ month	YES	\$64.12	\$641.02	new rate eff. DOS 4/1/09; former rates purchase \$677.80, RR \$67.78
476	E0260	Hosp bed semi-electr w/ matt	Y/ 12 months	YES		Y/ month	YES	\$127.12	\$1,271.20	new rate eff. DOS 4/1/09; former rates purchase \$1392.40, RR \$139.24

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477	E0261	Hosp bed semi-electr w/o mat	Y/ 12 months	YES		Y/ month	YES	\$105.34	\$1,053.40	new rate eff. DOS 4/1/09; former rates purchase \$1113.60, RR \$111.36
478	E0265	Hosp bed total electr w/ mat	Y/ 12 months	YES		Y/ month	YES	\$160.74	\$1,607.40	new rate eff. DOS 4/1/09; former rates purchase \$1699.20, RR \$169.92
479	E0266	Hosp bed total elec w/o matt	Y/ 12 months	YES		Y/ month	YES	\$153.29	\$1,532.90	new rate eff. DOS 4/1/09; former rates purchase \$1620.40 RR \$162.04

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480	E0271	Mattress innerspring		NO		NO			\$184.61	new rate eff. DOS 4/1/09; former rates purchase \$195.15, RR \$19.51; PA & rental ended eff 12-1-09
481	E0272	Mattress foam rubber		NO		NO			\$183.14	new rate eff. DOS 4/1/09; former rates purchase \$193.61 RR \$19.36; PA & rental ended 12-1-09
482	E0275	Bed pan standard	Y/ 12 months if PA required	YES>1	1 per year	NO			\$14.64	

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483	E0276	Bed pan fracture	Y/ 12 months if PA required	YES>1	1 per year	NO			\$12.73	
484	E0277	Powered pres-redu air mattrs	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	\$636.62	\$6,366.20	new rate eff. DOS 4/1/09; former rates purchase \$7118.50, RR \$711.85
485	E0280	Bed cradle		NO		NO			\$29.38	rate change from \$31.06 effective 3/1/10
486	E0290	Hosp bed fx ht w/o rails w/m	Y/ 12 months	YES		Y/ month	YES	\$57.49	\$574.90	new rate eff.DOS 4/1/09; former rates purchase \$607.80, RR \$60.78

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487	E0291	Hosp bed fx ht w/o rail w/o		NO		Y/ month	NO	\$41.77	\$417.70	PA removed for purchase and RR eff.8/1/10
488	E0292	Hosp bed var ht w/o rail w/o	Y/ 12 months	YES		Y/ month	YES	\$64.65	\$646.50	new rate eff. DOS 4/1/09; former rates purchase \$683.40, RR \$68.34
489	E0293	Hosp bed var ht w/o rail w/	Y/ 12 months	YES		Y/ month	YES	\$55.01	\$550.10	new rate eff. DOS 4/1/09; former rates purchase \$581.50, RR \$58.15

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490	E0294	Hosp bed semi-elect w/ mattr	Y/ 12 months	YES		Y/ month	YES	\$100.50	\$1,005.00	new rate eff. DOS 4/1/09; former rates purchase \$1062.40, RR \$106.24
491	E0295	Hosp bed semi-elect w/o matt	Y/ 12 months	YES		Y/ month	YES	\$97.96	\$979.60	new rate eff. DOS 4/1/09; former rates purchase \$1035.60, RR \$103.56
492	E0296	Hosp bed total elect w/ matt	Y/ 12 months	YES		Y/month	YES	\$126.31	\$1,263.10	new rate eff.DOS 4/1/09; former ratespurchase \$1335.30, RR \$133.53

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493	E0297	Hosp bed total elect w/o mat	Y/ 12 months	YES		Y/month	YES	\$112.16	\$1,121.60	new rate eff.DOS 4/1/09; former rates purchase \$1185.60, RR \$118.56
494	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 MONTHS	YES		Y/month	YES	\$685.63	\$6,856.32	
495	E0303	Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	\$243.18	\$2,908.14	
496	E0304	Hosp. Bed Xhvy duty, x wide,>600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	\$616.54	\$6,165.40	

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497	E0305	Rails bed side half length		NO		Y/month	NO	\$16.10	\$161.10	new rate eff.DOS 4/1/09; former rates purchase \$170.20, RR \$17.02; PA for purchase & rental removed eff. 8/1/10
498	E0310	Rails bed side full length		NO		Y/month	NO	\$15.06	\$150.56	new rate eff.DOS 4/1/09; former rates purchase \$159.17, RR \$15.91; PA for purchase & rental removed eff. 8/1/10
499	E0315	Bed accessory brd/tbl/support		NO		NO			\$9.54	
500	E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Y/12 months	YES		Y/ month	YES	M	M	

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501	E0325	Urinal male jug-type	Y/ 12 months if PA required	YES > 1	1 per year	NO			\$9.67	
502	E0326	Urinal female jug-type	Y/ 12 months if PA required	YES>1	1 per year	NO			\$10.05	
503	E0371	Nonpower mattress overlay	Y/ 12 months	YES		Y/ month	YES	\$402.25	\$4,022.50	rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$425.22
504	E0372	Powered air mattress overlay	Y/ 12 months	YES		Y/ month	YES	\$488.10	\$4,881.00	rate change eff.4/1/09; former rates purchase \$5159.80, RR \$515.98

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505	E0373	Nonpowered pressure mattress	Y/ 12 months	YES		Y/ month	YES	\$472.69	\$4,726.90	rate change eff. DOS 4/1/09; former rates purchase \$5,878.50, RR \$587.85; rate adjusted eff. 3/1/10 former rate \$556.10RR/\$5,56
506	E0424	Stationary compressed gas 02	Y/ 12 months	YES		Y/ month	YES	\$173.17	NA	1.00 purchase Rate change 1/1/09; rate change 3/1/10
507	E0431	Portable gaseous 02	Y/ 12 months	YES		Y/ month	YES	\$28.77	NA	Rate change 1/1/09
508	E0434	Portable liquid 02	Y/ 12 months	YES		Y/ month	YES	\$28.77	NA	Rate change 1/1/09

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509	E0439	Stationary liquid O2	Y/ 12 months	YES		Y/ month	YES	\$173.17	NA	1/1/09; rate change 3/1/10 from \$175.79
510	E0445	Oximeter device for measuring blood oxygen levels	Y/12months	YES		Y/month	YES	M	M	
511	E0450	Volume vent stationary/porta	Y/ 12 months	YES		Y/ month	YES	\$913.17	NA	
512	E0455	Oxygen tent excl croup tent or ped	Y/ 12 months	YES		Y/ month	YES	\$170.00	\$1,700.00	
513	E0457	Chest shell	Y/ 12 months	YES		Y/ month	YES	\$58.79	\$587.89	
514	E0459	Chest wrap	Y/ 12 months	YES		Y/ month	YES	\$41.39	\$413.90	
515	E0460	Neg press vent portabl/statn	Y/ 12 months	YES		Y/ month	YES	\$701.80	NA	
516	E0462	Rocking bed w/ or w/o side r	Y/ 12 months	YES		Y/ month	YES	\$278.78	\$2,787.80	
517	E0463	Pressure support ventilator, w/volume control, used with tracheostomy	Y/12 months	YES		Y/month	YES	\$1,265.74	NA	rate set 08/01/2007

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518	E0464	Pressure support ventilator, w/volume control, used with mask	Y/12 months	YES		Y/month	YES	\$1,265.74	NA	rate set 08/01/2007
519	E0470	Respiratory assist dev. Bi-level pressure w/o backup rate,	Y/12 months	YES		Y/month	YES	\$205.28	\$2,052.80	
520	E0471	Respiratory assist dev. Bi-level pressure w/ backup rate,	Y/12 months	YES		Y/month	YES	\$513.74	NO	
521	E0472	Respiratory assist dev. Bi-level pressure w/backup rate, invasive interface	Y/12 months	YES		Y/month	YES	\$513.74	NA	
522	E0480	Percussor elect/pneum home m		NO	1 per 5 years	Y/ month	NO	\$42.04	\$420.40	PA removed for purchase and RR eff. 8/1/10
523	E0482	Cough Stimulating device, alternating positive and negative airway pressure	Y/12 months	YES		Y/month	YES	\$387.02	\$3,870.20	rate set 08/01/2007
524	E0483	High frequency chest wall oscillation air-pulse generator system, including hoses and vest	Y/12 months	YES		Y/month	YES	\$1,435.23	\$14,352.30	purchase rate set 1/09; RR rate adjustment eff 8- 1-10
525	E0484	Oscillatory PEP device non-electric		NO		NO			\$29.54	

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526	E0485	Oral device/appliance used to reduce upper airway collapsability, pre fab	Y/12 months	YES		NO			M	code added 01/02/2007
527	E0486	Oral device/appliance used to reduce upper airway collapsability, custom	Y/12 months	YES		NO			M	code added 01/02/2007
528	E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	YES	\$8.51	NA	rate set eff. 1/15/08
529	E0561	Humidifier, non-heated for use with positive pressure airway device		NO		Y/month	NO	\$8.55	\$85.60	PA for purchase & RR PA removed eff. 8/1/10
530	E0562	Humidifier, heated used with positive airway pressure device		NO		Y/month	NO	\$28.82	\$240.98	PA for purchase & RR PA removed eff. 8/1/10
531	E0565	Compressor air power source	Y/ 12 months	YES		Y/ month	YES	\$49.61	\$496.10	
532	E0570	Nebulizer with compression	Y/12 months if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained				\$128.88	08/01/2007 PA & RR removed \$180.00 former rate change eff. 1/15/08

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533	E0571	Aerosol compressor, battery powered, use with sm nebulizer	Y/ 12 months if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained	NO			\$239.80	09/01/2007 PA & RR removed; CMS will enddate the code 2/4/11; Suppliers should use E0570 in place of this code. Reimbursement will be at E0570 rate.
534	E0572	Aerosol compressor, adj pressure, light duty, intermittent use		NO	1 per 4 years	NO			\$304.70	PA for purchase and RR removed eff. 8/1/10
535	E0574	Ultrasonic generator with sm vol ultrasonic nebulizer		NO	1 per 4 years	NO			\$322.10	PA for purchase and RR removed eff. 8/1/10

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9	HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	date updated
536	E0575	Nebulizer ultrasonic	Y/12 months	YES	1 per 4 years	Y/ month	YES	\$98.32	\$983.20	
537	E0580	Nebulizer for use w/ regulat		NO	1 per 4 years	NO			\$121.31	rate change eff.DOS 4/1/09; former rate purchase \$128.23
538	E0585	Nebulizer w/ compressor & heater		NO	1 per 4 years	NO			\$335.50	PA for purchase and RR removed eff. 8/1/10
539	E0600	Respiratory Suction pump portab home model		NO	1 per 4 years	NO			\$372.30	PA for purchase and RR removed eff. 8/1/10
540	E0601	Cont airway pressure device	Y/ 12 months	YES		Y/ month	YES	\$100.82	\$1,008.20	rate change eff. DOS 4/1/09; former rates purchase \$1,065.80, RR \$106.58

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541	E0604	Breast pump, heavy duty, hospital grade, electric, AC and/ or DC, any type	Y/12 months	YES		Y/month	YES	\$82.50	NA	CMS description chg. 1/08
542	E0606	Drainage board postural		NO		NO			\$213.60	
543	E0607	Blood glucose monitor home	Y/ 12 months	Yes > 1	1 per 4 years	NO			\$63.92	Coverage will be through pharmacy 10/5/10 and after
544	E0617	AED	Y/12months	YES		Y/month	YES	\$310.44	\$3,725.28	
545	E0618	Apnea monitor without recording feature	Y/ 12 months	YES		Y/ month	YES	\$227.30	NA	
546	E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	YES	\$227.30	NA	
547	E0621	Patient lift sling or seat		NO		NO			\$78.06	
548	E0625	Patient lift bathroom, shower, or toilet	Y/ 12 months	YES		Y/ month	YES	M	M	

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549	E0627	Seat lift incorp lift-chair		NO		NO			\$322.72	PA for purchase removed and RR ended eff.8/1/10
550	E0628	Seat lift for pt furn-electr		NO		NO			\$322.72	PA for purchase removed and RR ended eff.8/1/10
551	E0629	Seat lift for pt furn-non-el		NO		NO			\$316.39	PA for purchase removed and RR ended eff.8/1/10
552	E0630	Patient hydraulic or mechanical lift incl any seat, sling, strap (s), or pads (s)	Y/ 12 months	YES		Y/ month	YES	\$88.22	\$882.20	CMS description chg. 1/08
553	E0635	Patient electric lift, with seat or sling	Y/ 12 months	YES		Y/ month	YES	\$117.06	\$1,170.60	
554	E0637	Combination sit to stand system, with seat lift, w/wo wheels	Y/12 months	YES		Y/month	YES	M	M	
555	E0638	Standing frame, one position, incl. pediatric and w/wo wheels	Y/12 months	YES		NO			\$853.57	

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556	E0639	Patient lift, moveable, includes all components/accessories	Y/12 months	YES		Y/month	YES	M	M	
557	E0641	Standing frame system, multi position, incl. pediatric	Y/12 months	YES		NO			M	
558	E0642	Standing frame system, mobile, incl. pediatric dynamic stander	Y/12 months	YES		NO			M	
559	E0650	Pneuma compresor non-segment	Y/ 12 months	YES		Y/ month	YES	\$61.96	\$619.60	
560	E0651	Pneum compressor segmental	Y/ 12 months	YES		Y/ month	YES	\$87.87	\$878.65	
561	E0652	Pneum compres w/cal pressure	Y/ 12 months	YES		Y/ month	YES	\$457.68	\$4,576.80	
562	E0655	Pneumatic appliance half arm		NO		NO			\$93.23	PA for purchase and RR ended removed eff. 8/1/10
563	E0656	segmental, pneumatic appliance for use with compressor, trunk	Y/ 12 months	YES		Y/ month	YES	M	M	CMS addition 1/1/09
564	E0657	segmental pneumatic appliance for use with compressor, chest	Y/ 12 months	YES		Y/ month	YES	M	M	CMS addition 1/1/09

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565	E0660	Pneumatic appliance full leg		NO		NO			\$152.83	PA for purchase and RR endated removed eff. 8/1/10
566	E0665	Pneumatic appliance full arm		NO		NO			\$131.06	PA for purchase and RR endated removed eff. 8/1/10
567	E0666	Pneumatic appliance half leg		NO		NO			\$132.11	PA for purchase and RR endated removed eff. 8/1/10
568	E0667	Seg pneumatic appl full leg		NO		NO			\$309.75	PA for purchase and RR endated removed eff. 8/1/10
569	E0668	Seg pneumatic appl full arm		NO		NO			\$422.74	PA for purchase and RR endated removed eff. 8/1/10

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570	E0669	Seg pneumatic appli half leg		NO		NO				PA for purchase and RR endated removed eff. 8/1/10
571	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK		NO		NO				CMS ADDED 1/1/13
572	E0671	Pressure pneum appl full leg		NO		NO			\$397.36	PA for purchase and RR endated removed eff. 8/1/10
573	E0672	Pressure pneum appl full arm		NO		NO			\$308.75	PA for purchase and RR endated removed eff. 8/1/10
574	E0673	Pressure pneum appl half leg		NO		NO			\$256.56	PA for purchase and RR endated removed eff. 8/1/10

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575	E0675	Pneumatic compression device, high press.for arterial insufficiency	Y/12 months	YES		Y/month	YES	\$307.64	NA	\$257.59 former rate change eff. 1/15/08
576	E0676	Intmt. Limb compression device, includes all accessories, NOC	YES	YES		Y/month	YES	M	M	code added 01/02/2007
577	E0705	transfer device, any type each		NO		NO			\$52.73	CMS description chg. 1/08 removed board
578	E0720	Tens two lead	Y/ 12 months	YES		Y/ month	YES	\$30.81	\$308.11	
579	E0730	Tens four or more lead	Y/ 12 months	YES		Y/month	YES	\$32.14	\$321.42	
580	E0731	Conductive garment for tens	Y/ 12 months	YES		NA			\$341.24	
581	E0744	Neuromuscular stim for scoli	Y/ 12 months	YES		Y/ month	YES	\$87.60	\$876.00	
582	E0745	Neuromuscular stim for shock	Y/ 12 months	YES		Y/ month	YES	\$85.64	\$856.40	
583	E0747	Elec osteogen stim not spine	Y/ 12 months	YES	1 per 5 years	NA			\$2,850.30	

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584	E0748	Elec osteogen stim spinal	Y/ 12 months	YES	1 per 5 years	NA			\$3,352.50	
585	E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/ 12 months	YES	1 per 5 years	NA			\$2,778.50	
586	E0762	transcutaneous elect. Joint stim. Device, incl. all accessories	Y/12 months	YES		NA			\$857.90	code added 04/02/2007; rate set 1/15/08
587	E0764	functional neuromusc. Stim. Transcutaneous spinal cord injury entire system	Y/12 months	YES		NA			\$8,141.75	code added 04/02/2007
588	E0769	electrical stimulation or electromagnetic wound RX device NOC	Y/6 months	YES		Y/month	YES	M	NA	
589	E0770	functional electrical stimulator, transcutaneous, any type, compete system, NOC	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
590	E0776	IV pole	Y/12 months	NO	1 per 5 years	Y/month	NO	\$11.64	\$116.42	PA for purchase and RR ended removed eff. 8/1/10

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591	E0780	Ambulatory Infusion pump, reuseable < 8 hours		NO		NA			\$9.92	
592	E0781	External ambulatory infus pu	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	\$253.40	\$2,534.00	
593	E0782	Non-programmable infusion pump	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	\$369.97	\$3,699.70	
594	E0783	Infusion pump system, implantable, programable, all com	Y/12 months	YES		NA			\$7,337.00	covered only in a hospital that does not bill Medicaid
595	E0784	Ext amb infusn pump insulin	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	\$400.00	\$4,000.00	rate set 08/01/2007; rate change 4-1-09 from \$375.81 RR and purchase \$3758.10
596	E0791	Parenteral infusion pump sta	Y/ 12 months	YES		Y/ month	YES	\$302.50	\$3,025.00	
597	E0840	Tract frame attach headboard		NO		NA			\$59.59	
598	E0849	Traction equipment, cervical, free standing stand/frame pneumatic	Y/12 months	YES		Y/month	YES	\$46.38	\$463.78	rate set 08/01/2007

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599	E0850	Traction stand free standing		NO		NO			\$100.51	
600	E0855	Cervical traction equipment	Y/ 12 months	YES		Y/ month	YES	\$48.09	\$480.86	
601	E0856	Cervical traction device, cervical collar with inflatable air bladder		NO		NO			\$123.22	CMS addition 1/08 rate set 8-1-08. PA removed eff. DOS 8-1-08 and after.
602	E0860	Tract equip cervical tract		NO		NO			\$35.51	
603	E0870	Tract frame attach footboard		NO		NO			\$111.27	
604	E0880	Trac stand free stand extrem		NO		NO			\$120.10	
605	E0890	Traction frame attach pelvic		NO		NO			\$114.38	
606	E0900	Trac stand free stand pelvic		NO		NO			\$122.58	

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607	E0910	Trapeze bar attached to bed		NO		Y/ month	NO	\$18.10	\$181.10	rate change eff. DOS 4/1/09; former rates purchase \$191.30, RR \$19.13; PA for purchase and PA for RR removed eff. 8/1/10
608	E0911	Trapeze bar heavy duty wt. greater than 250#		NO		Y/month	NO	\$44.87	\$448.70	rate set 08/01/2007;PA for purchase and PA for RR removed eff. 8/1/10
609	E0912	Trapeze bar heavy duty wt. greater than 250# free standing	Y/12 months	YES		Y/month	YES	\$103.02	\$1,030.20	rate set 08/01/2007;
610	E0920	Fracture frame attached to b	Y/ 12 months	YES		Y/ month	YES	\$44.14	\$441.40	

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611	E0930	Fracture frame free standing	Y/ 12 months	YES		Y/ month	YES	\$37.15	\$371.50	
612	E0935	Exercise device passive moti	Y/ 12 months	YES	21 days	Y/ day	YES	\$21.75	NA	
613	E0940	Trapeze bar free standing		NO		Y/ month	NO	\$27.96	\$279.60	rate change eff. DOS 4/1/09; former rates purchase \$295.50, RR \$29.55; PA for purchase and PA for RR removed eff. 8/1/10
614	E0941	Gravity assisted traction de		NO		Y/ month	NO	\$41.53	\$415.30	PA for purchase and RR removed eff. 8/1/10
615	E0942	Cervical head harness/halter		NO		NO			\$18.99	
616	E0944	Pelvic belt/harness/boot		NO		NO			\$40.16	
617	E0945	Belt/harness extremity		NO		NO			\$42.41	

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618	E0946	Fracture frame dual w cross	Y/ 12 months	YES		Y/ month	YES	\$48.11	\$481.10	
619	E0947	Fracture frame attachmnts pe	Y/ 12 months	YES		Y/ month	YES	\$58.02	\$580.20	
620	E0948	Fracture frame attachmnts ce	Y/ 12 months	YES		Y/ month	YES	\$56.12	\$561.19	
621	E0950	W/C tray		NO		NO			\$94.07	rate change eff. DOS 4/1/09; former rate purchase \$99.45; PA ended 12-1- 09
622	E0951	Loop, heel, each		NO		NO			\$15.09	rate change eff. DOS 4/1/09; former rate purchase \$15.80
623	E0952	Loop tie		NO		NO			\$14.48	rate change eff. DOS 4/1/09; former rate purchase \$15.32

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624	E0955	W/C accessory, headrest, cushioned, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
625	E0956	W/C accessory, lateral trunk or hip support, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
626	E0957	W/C accessory, medial thigh support, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
627	E0958	Whlchr att- conv 1 arm drive manual	Y/ 6 months	YES		Y/ month	YES	\$41.74	\$417.40	
628	E0959	Amputee adapter		NO		NO			\$39.79	rate set 08/01/2007
629	E0960	W/C accessory, houlder harness/straps or chest strap, incl. Mounting hardware	Y/6 months	YES		NO			MSRP-22%	
630	E0961	Wheelchair brake extension		NO		Y/month	NO	\$2.42	\$24.19	PA for purchase and PA for RR removed eff. 8/1/10

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631	E0966	Manual WC accessory-headrest extension		NO		Y/month	NO	\$6.22	\$62.17	PA for purchase and PA for RR removed eff. 8/1/10
632	E0967	Wheelchair hand rims w/projections, any type		NO		Y/ month	NO	\$5.91	\$59.12	rate set 08/01/2007; PA for purchase and and PA for RR removed eff. 8/1/10
633	E0968	Wheelchair commode seat	Y/6 months	YES		Y/ month	YES	\$14.58	\$145.80	
634	E0969	Wheelchair Narrowing device		NO		Y/ month	NO	\$14.84	\$148.35	PA for purchase and PA for RR removed eff. 8/1/10

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635	E0970	Wheelchair no. 2 footplates		NO		Y/month	NO	\$3.92	\$39.17	Crosswalk codes are K0037 & K0042. E0970 will be removed from the fee schedule effective DOS 8- 1-08 and after. PA for purchase and PA for RR removed eff 8/1/10
636	E0971	Wheelchair anti-tipping device each		NO		Y/month	NO	\$3.96	\$39.59	rate set 08/01/2007; PA for purchase and PA for RR removed eff with reg change

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637	E0973	Wheelchair adjustable height		NO		Y/month	NO	\$8.42	\$84.20	rate change to begin DOS 4/1/09 purchase \$88.44, RR \$8.84; rate change 3/1/10 ; PA for purchase and PA for RR removed eff. 8/1/10
638	E0974	Wheelchair grade-aid		NO		Y/month	NO	\$6.96	\$69.57	PA for purchase and PA for RR removed eff. 8/1/10
639	E0978	Wheelchair belt w/airplane b		NO		NO			\$38.43	rate set 08/01/2007; PA for purchase removed eff 8/1/10

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640	E0980	Wheelchair safety vest		NO		NO			\$31.62	PA for purchase and removed eff. 8/1/10
641	E0981	W/C accessory, seat upholstery, replacement only, each, pt. owned		NO		NO			\$42.67	\$47.59 former rate change eff. 1/15/08; rate change eff. DOS 4/1/09; former rate purchase \$47.15
642	E0982	W/C accessory, back upholstery, replacement, only, patient owned		NO		NO			\$44.48	
643	E0983	manual WC access., power add-on to convert manual WC to motorized, joystick control	Y/ 6 months	YES		Y/month	YES	\$262.43	\$2,624.30	added eff. 1-1-09
644	E0985	W/C accessory, seat lift mechanism		NO		Y/month	NO	\$19.27	\$192.70	PA for purchase and PA for RR removed eff. 8/1/10
645	E0986	Manual WC accessory-push activated power assist	Y/6 months	YES		Y/month	YES	M	M	code added effective 8/1/07

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646	E0990	Wheelchair elevating leg res		NO		Y/ month	NO	\$10.63	\$106.27	rate change eff.DOS 4/1/09; former rates purchase \$112.35, RR \$11.24; PA for purchase and PA for RR removed eff. 8/1/10
647	E0992	Wheelchair solid seat insert		NO		NO			\$79.18	
648	E0994	Wheelchair arm rest		NO		NO			\$16.87	
649	E0995	Wheelchair calf rest		NO		NO			\$25.12	rate change eff. DOS 4/1/09; former rate purchase \$26.56
650	E1002	W/C accessory, power seating system, tilt only	Y/6 months	YES		NO			MSRP-22%	
651	E1003	W/C accessory, power seating system, recline only w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	

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652	E1004	W/C accessory, power seating system, recline only, with shear reduction	Y/6 months	YES		NO			MSRP-22%	
653	E1005	W/C accessory, power seating system, recline only with power shear reduction	Y/6 months	YES		NO			MSRP-22%	
654	E1006	W/C accessory, power seating sys.,comb. Tilt/recline, w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	
655	E1007	W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shear reduction	Y/6 months	YES		NO			MSRP-22%	
656	E1008	W/C accessory, power seating sys.,comb. Tilt/recline, w/power shear reduction	Y/6 months	YES		NO			MSRP-22%	
657	E1009	W/C accessory, add. To power sys.,mech. Linked leg elevation system	Y/6 months	YES		NO			MSRP-22%	
658	E1010	W/C accessory, add. To power sys.,power leg elevation system	Y/6 months	YES		NO			MSRP-22%	
659	E1011	Modification to ped. W/C Width adj. pkg	Y/6 months	YES		NO			M	code added 07/02/2007

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660	E1014	reclining back addt. To ped sizeWC		NO		NO			\$292.11	code added 07/02/2007 rate set eff. 1/15/08; PA for purchase removed eff. 8/1/10
661	E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NO			MSRP-22%	
662	E1016	Shock absorber for power wheelchair		NO		NO			\$118.18	code added 11/07/07; PA ended eff. 12-1- 09
663	E1018	Heavy duty Shock absorber for heavy dty or extra-heavy dty power wheelchair, each	Y/6 months	YES		NO			M	code added 5/10

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664	E1020	Residual Limb Support system for wheelchair		NO		Y/ month	NO	\$22.02	\$220.29	rate change eff. DOS 4/1/09; former rates purchase \$243.31, RR \$27.75; PA for purchase and PA for rental removed eff 8/1/10
665	E1028	W/C accessory, man. Swingaway, retr. Or remov. Hardware for	Y/6 months	YES		NO			MSRP-22%	
666	E1029	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NO			MSRP-22%	
667	E1030	W/C accessory, ventilator tray, gimbaled	Y/6 months	YES		NO			MSRP-22%	
668	E1031	Rollabout chair with casters	Y/6 months	YES		Y/ month	YES	\$41.07	\$410.70	

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669	E1035	Mult. Positional transfer system, with integrated seat	Y/12 months	YES		Y/month	YES	\$490.56	\$4,905.60	added to fee schedule 5/21/08 for DOS 4/30/08 and after
670	E1036	multi-positionNOI transfer system w/integrated seat, x-wide, member wt >300#	Y/12 months	YES		Y/month	YES	M	M	CMS added 1/1/10
671	E1037	Transport Chair, pediatric size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
672	E1038	Transport Chair, adult size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
673	E1039	transport chair, adult size heavy duty, wt. > 250 lbs	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
674	E1050	Wheelchr fxd full length arms	Y/6 months	YES		Y/ month	YES	\$88.29	\$882.90	
675	E1060	Wheelchair detachable arms	Y/6 months	YES		Y/ month	YES	\$120.61	\$1,206.10	
676	E1065	Wheelchair power attachment	Y/6 months	YES		Y/ month	YES	\$252.86	\$2,528.60	

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677	E1070	Wheelchair detachable foot r	Y/6 months	YES		Y/ month	YES	\$104.78	\$1,047.80	
678	E1083	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$75.33	\$753.30	
679	E1084	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	\$93.85	\$938.50	
680	E1085	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$66.21	\$662.10	
681	E1086	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	\$80.40	\$804.00	
682	E1087	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	\$102.88	\$1,028.80	
683	E1088	Wheelchair lightweight det a	Y/6 months	YES		Y/ month	YES	\$122.60	\$1,226.00	
684	E1089	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	\$97.74	\$977.40	
685	E1090	Wheelchair lightweight det a	Y/6 months	YES		Y/ month		\$128.27	\$1,282.70	
686	E1092	Wheelchair wide w/ leg rests	Y/6 months	YES		Y/ month	YES	\$110.61	\$1,106.10	

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687	E1093	Wheelchair wide w/ foot rest	Y/6 months	YES		Y/ month	YES	\$90.01	\$900.10	
688	E1100	Whchr s-recl fxd arm leg res	Y/6 months	YES		Y/ month	YES	\$84.42	\$844.20	
689	E1110	Wheelchair semi-recl detach	Y/6 months	YES		Y/ month	YES	\$82.66	\$826.60	
690	E1130	Whlchr stand fxd arm ft rest		NO		Y/ month	NO	\$44.11	\$441.10	PA removed for purchase and RR eff. 8/1/10
691	E1140	Wheelchair standard detach a	Y/6 months	YES		Y/ month	YES	\$58.42	\$584.20	
692	E1150	Wheelchair standard w/ leg r	Y/6 months	YES		Y/ month	YES	\$67.71	\$677.10	
693	E1160	Wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$54.43	\$544.30	
694	E1161	Wheelchair Manual Adult Size, includes tilt in space	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
695	E1170	Whlchr ampu fxd arm leg rest	Y/6 months	YES		Y/ month	YES	\$85.45	\$854.50	
696	E1171	Wheelchair amputee w/o leg r	Y/6 months	YES		Y/ month	YES	\$65.18	\$651.80	

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697	E1172	Wheelchair amputee detach ar	Y/6 months	YES		Y/ month	YES	\$79.65	\$796.50	
698	E1180	Wheelchair amputee w/ foot r	Y/6 months	YES		Y/ month	YES	\$96.95	\$969.50	
699	E1190	Wheelchair amputee w/ leg re	Y/6 months	YES		Y/ month	YES	\$112.01	\$1,120.10	
700	E1195	Wheelchair amputee heavy dut	Y/6 months	YES		Y/ month	YES	\$120.19	\$1,201.90	
701	E1200	Wheelchair amputee fixed arm	Y/6 months	YES		Y/ month	YES	\$80.14	\$801.40	
702	E1220	Wheelchair Specially sized or constructed	Y/6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
703	E1221	Wheelchair with fixed arms w footrests		NO		Y/ month	NO	\$38.63	\$386.30	description chg. 9/9/08; PA for purchase and RR removed eff. 8/1/10
704	E1222	Wheelchair w/fixed arm w elevating leg rests	Y/6 months	YES		Y/ month	YES	\$55.12	\$551.20	description chg. 9/9/08
705	E1223	Wheelchair detachable arms w footrests	Y/6 months	YES		Y/ month	YES	\$60.19	\$601.90	description chg. 9/9/08

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706	E1224	Wheelchair detachable arms w/ elevating leg rests	Y/6 months	YES		Y/ month	YES	\$65.99	\$659.90	description chg. 9/9/08
707	E1225	Wheelchair accessory manual semi-recl back recline>15 degrees but <80	Y/6 months	YES		Y/ month	YES	\$43.24	\$432.40	description chg. 9/9/08
708	E1226	Wheelchair accessory manual full-recl back recline >80 degrees	Y/6 months	YES		Y/ month	YES	\$52.20	\$522.01	description chg. 9/9/08
709	E1227	Spec ht arms for WC	Y/6 months	YES		Y/ month	YES	\$24.48	\$244.80	description chg. 9/9/08
710	E1228	Special back height for WC	Y/6 months	YES		Y/ month	YES	\$26.81	\$268.10	description chg. 9/9/08
711	E1229	Wheelchair, pediatric not otherwise classified	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
712	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
713	E1232	Wheelchair pediatric size, tilt-in space, folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
714	E1233	Wheelchair pediatric size, tilt-in space, rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	

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715	E1234	Wheelchair pediatric size, tilt-in space, folding, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
716	E1235	Wheelchair pediatric size, rigid, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	description corrected to remove tilt in space
717	E1236	Wheelchair pediatric size, folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
718	E1237	Wheelchair pediatric size, rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
719	E1238	Wheelchair pediatric size, folding, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
720	E1240	Whchr litwt det arm leg rest	Y/6 months	YES		Y/ month	YES	\$83.77	\$837.70	
721	E1250	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	\$61.80	\$618.00	
722	E1260	Wheelchair lightwt foot rest	Y/6 months	YES		Y/ month	YES	\$75.79	\$757.90	
723	E1270	Wheelchair lightweight leg r	Y/6 months	YES		Y/ month	YES	\$72.25	\$722.50	

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724	E1280	Whchr h-duty det arm leg res	Y/6 months	YES		Y/ month	YES	\$125.58	\$1,255.80	
725	E1285	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	\$98.07	\$980.70	
726	E1290	Wheelchair hvy duty detach a	Y/6 months	YES		Y/ month	YES	\$114.02	\$1,140.20	
727	E1295	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	\$98.78	\$987.80	
728	E1296	Wheelchair special seat height	Y/6 months	YES		Y/ month	YES	\$39.98	\$399.82	
729	E1297	Wheelchair special seat dept	Y/6 months	YES		Y/ month	YES	\$9.61	\$95.95	
730	E1298	Wheelchair spec seat depth/w	Y/6 months	YES		Y/ month	YES	\$40.53	\$405.30	
731	E1300	Whirlpool portable, tub type	Y/6 months	YES		Y/ month	YES	M	M	
732	E1354	O2 accessory, wheeled cart for portable cylinder or concentrator, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
733	E1355	Oxygen supplies stand/rack		NO		NO			\$22.40	rate chg. 1/1/09

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734	E1356	O2 accessory, battery pack/cartridge for portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
735	E1357	O2 accessory, battery charger, for portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
736	E1358	O2 accessory, DC power adapter for portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
737	E1372	Oxy suppl heater for nebuliz		NO		NO			\$140.99	PA for purchase removed and RR ended eff. 8/1/10
738	E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	YES	\$173.17	NO	rate chg. 1/1/09; rate change 3/1/10 from
739	E1391	O2 concentrator, dual del. Port, 85% or >O2 concentration at presc. Flow rate	Y/12 months	YES		Y/month	YES	\$173.17	NO	rate chg. 1/1/09; rate change 3/1/10 from \$175.79
740	E1392	portable O2 concentrator , rental	Y/12 months	YES		Y/month	YES	\$51.63	NO	rate change 1/1/07
741	E1399	Miscellaneous DME	Y/12 months	YES		NO			M	

	A	B	C	D	E	F	G	H	I	J
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742	E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month	YES	\$212.61	NO	rate chg. 1/1/09
743	E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	YES	\$192.71	NO	rate chg. 1/1/09
744	E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	YES	\$32.99	\$329.91	
745	E1701	Repl cushions for jaw motion		NO		NO			\$10.15	
746	E1702	Repl measr scales jaw motion		NO		NO			\$20.92	
747	E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$94.78	\$947.80	
748	E1802	Dynamic adjustable forearm pronation/supination device, incl soft interface material, ea.	Y/ 6 months	YES		NO			M	added to fee schedule for DOS 03/01/09 and after
749	E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
750	E1810	Adjust knee ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$94.90	\$949.00	
751	E1812	Dynamic knee ext/flex. Device with active resistance control	Y/ 6 months	YES		Y/month	YES	\$77.39	NO	rate set 08/01/2007

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752	E1815	Adjust ankle ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
753	E1820	Soft interface material		NO		NO			\$78.20	
754	E1825	Adjust finger ext/flex devc	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
755	E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
756	E1840	Dynamic adjustable shoulder flexion/abduction rotation device, incl. soft interface	Y/6 months	YES		Y/month	YES	\$401.85	NO	added to fee schedule for DOS 2/1/10 and after
757	E1841	Static progressive stretch shoulder device, w/woROM adj. incl. all components & access., each	Y/6months	YES		Y/month	YES	\$407.70	NO	rate set 08/01/2007 CMS description change 1/08
758	E2000	Gastric suction pump, home model, portable or stationary, electric		NO		Y/ month	NO	\$37.23	\$372.30	PA removed for purchase and PA for RR removed eff. 8/1/10

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759	E2100	Blood Glucose Monitor with integrated voice synthesizer	Y/ 6 months	YES	1 per 4 years	NO			\$615.33	Coverage will be through pharmacy 10/5/10 and after
760	E2201	Man. W/C non-standard seat frame, width >=20" and < 24"	Y/6 months	YES		NO			MSRP-22%	
761	E2202	Man. W/C non-standard seat frame, width 24-27"	Y/6 months	YES		NO			MSRP-22%	
762	E2203	Man. W/C nonstandard seat frame depth 20 to < 22"	Y/6 months	YES		NO			MSRP-22%	
763	E2204	Man. W/C nonstandard seat frame depth 22 to 25"	Y/6 months	YES		NO			MSRP-22%	
764	E2205	Manual W/C access. Handrim w/o projections any type, replacement only, includes ergonomic or contoured, each		NO		NO			\$32.67	CMS description change 1/08
765	E2206	manual W/C accessory, wheel lock assembly, complete, each		NO		NO			\$40.68	

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766	E2207	W/C accessory, cane/crutch holder		NO		Y/month	NO	\$4.15	\$41.47	correction to fee schedule as to requiring PA 8/1/08; PA for purchase and PA for RR removed eff. 8/1/10
767	E2208	W/C access. Cylinder tank carrier, each	Y/6months	NO		Y/month	NO	\$10.75	\$107.50	rate change 3/1/10 from RR\$11.36/\$113.6 4; PA for purchase and PA for RR removed eff. 8/1/10

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768	E2209	W/C access. Arm trough, w/wo hand support each		NO		Y/month	NO	\$9.70	\$96.98	rate change eff. DOS 4/1/09; former rates purchase \$102.52, RR \$10.25; PA for purchase and PA for RR removed eff. 8/1/10
769	E2210	W/C access. , bearings, any type, replacement only, each, pt. owned		NO		NO			\$5.93	rate change eff. DOS 4/1/09; former rate purchase \$6.27
770	E2211	Man. W/C access. Pneumatic propulsion tire, any size each,		NO		NO			\$39.14	
771	E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each		NO		NO			\$5.63	

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772	E2213	Man. W/C access. Insert for pneumatic propulsion tire, removable, any size, each,		NO		NO			\$29.10	
773	E2214	Man. W/C access. Pneumatic caster tire, any size each		NO		NO			\$29.27	
774	E2215	Man. W/C access. Tube for pneumatic caster tire, any size each		NO		NO			\$9.19	
775	E2216	Man. W/C access. Foam filled propulsion tire, any size, each	Y/6 months	YES		NO			M	
776	E2217	Man. W/C access. Foam filled tire, any size each	Y/6 months	YES		NO			M	
777	E2218	Man. W/C access. Foam propulsion tire, any size each	Y/6 months	YES		NO			M	
778	E2219	Man. W/C access. Foam caster tire, any size each		NO		NO			\$34.03	
779	E2220	Man. W/C access. Solid (rubber/plastic) tire , propulsion, any size, each		NO		NO			\$23.19	
780	E2221	Man. W/C access. Solid (rubber/plastic) tire removable any size, each		NO		NO			\$24.44	

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781	E2222	Man. WC solid caster tire (rubber or plastic) w/wheel any size, each		NO		NO			\$18.95	
782	E2224	Man. WC propulsion wheel, exc. Tire, each		NO		NO			\$79.74	
783	E2225	Man. WC access. Caster wheel excl. tire, any size, replacement only, each		NO		NO			\$15.66	
784	E2226	Man. WC access. Caster fork, any size, replacement only, each		NO		NO			\$34.15	
785	E2227	Manual W/C accessory, gear reduction drive wheel, each	Y/12 months	YES		NO			\$1,255.30	CMS code addition 1/08 rate set 8-1-08
786	E2228	Manual W/C accessory, wheel braking system and lock, complete, each	Y/12 months	YES		NO			\$749.01	CMS code addition 1/08 rate set 8-1-08
787	E2230	manual wheelchair, accessory, manual standing system, each	Y/12 months	YES		YES	YES	M	M	CMS addition 1-1-09
788	E2231	manual wheelchair accessory, solid seat support base, replaces sling seat, incl. any type mounting hardware, each	Y/12 months	YES		YES	YES	M	M	CMS addition 1-1-09

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789	E2291	Back, planar, for ped. W/C includes fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
790	E2292	Seat, planar, for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
791	E2293	Back, contoured, for ped W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
792	E2294	Seat , countoured for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
793	E2295	manual wheelchair accessory, for pediatric size chair, dynamic seating frame, allows coordinated movement of multiple positioning features	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1-1-09
794	E2300	Power W/C access., power seat elevation	Y/6 months	YES		NO			MSRP-22%	
795	E2301	Power W/C access. Power standing system	Y/6 months	YES		NO			MSRP-22%	
796	E2310	Power W/C access. Electronic conn. Between 1 motor	Y/6 months	YES		NO			MSRP-22%	
797	E2311	Power W/C access. Elect. Conn. Between 2 motors	Y/6 months	YES		NO			MSRP-22%	

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798	E2312	Power W/C accessory, hand or chin control interface, mini-proportional remote joystick proportional, including fixed mounting hardware	Y/12 months	YES		NO			M	CMS code addition 1/08
799	E2313	Power W/C accessory, harness for upgrade to expandable controller, including all fasteners, connectors, and mounting hardware, each	Y/12 months	YES		NO			M	CMS code addition 1/08
800	E2321	Power W/C access. Hand control interface	Y/6 months	YES		NO			MSRP-22%	
801	E2322	Power W/C access. Hand control mult. Mech. Switches	Y/6 months	YES		NO			MSRP-22%	
802	E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NO			MSRP-22%	
803	E2324	Power W/C chin cup for chin control	Y/6 months	YES		NO			MSRP-22%	
804	E2325	Power W/C Access. Sip and puff interface	Y/6 months	YES		NO			MSRP-22%	
805	E2326	Power W/C breath tube kit for sip and puff	Y/6 months	YES		NO			MSRP-22%	
806	E2327	Power W/C access. Head control interface	Y/6 months	YES		NO			MSRP-22%	

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807	E2328	Power W/C access. Head or extremity control	Y/6 months	YES		NO			MSRP-22%	
808	E2329	Power W/C access. Head control contact switch	Y/6 months	YES		NO			MSRP-22%	
809	E2330	Power W/C access. Head control proximity switch	Y/6 months	YES		NO			MSRP-22%	
810	E2331	Attendant control, power w/c access., proportionOI incl. all related electronic & fixed mounting hardware, each	Y/6 months	YES		NO			M	code added for coverage 7/8/08
811	E2340	Power W/C access. Nonstandard seat frame width 20-23"	Y/6 months	YES		NO			MSRP-22%	
812	E2341	Power W/C access. Nonstandard seat frame width 24-27"	Y/6 months	YES		NO			MSRP-22%	
813	E2342	Power W/C access. Nonstandard seat frame depth 20 or 21"	Y/6 months	YES		NO			MSRP-22%	
814	E2343	Power W/C access. Nonstandard seat frame depth 22-25"	Y/6 months	YES		NO			MSRP-22%	
815	E2351	Power W/C access. Electronic interface for speech gen.	Y/6 months	YES		NO			\$558.90	

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816	E2359	GR34 Sealed Lead Acid Battery for Power Wheelchair			up to a maximum of 2 per 24 month	NO			Manual pricing	CMS added 1/1/13; LIMITS CHANGED EFFECTIVE 1/1/13
817	E2360	Power W/C access. 22 NF non-sealed lead acid battery, each		NO	up to a maximum of 2 per 24 month	NO			\$107.48	LIMITS CHANGED EFFECTIVE 1/1/13
818	E2361	Power W/C access. 22NF sealed lead acid battery, each		NO	up to a maximum of 2 per 24 month	NO			\$126.22	rate change eff. DOS 4/1/09; former rate purchase \$132.49; LIMITS CHANGED EFFECTIVE 1/1/13

	A	B	C	D	E	F	G	H	I	J
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819	E2362	Power W/C access. Group 24 non-sealed lead acid battery ea.		NO	up to a maximum of 2 per 24 month	NO			\$87.38	LIMITS CHANGED EFFECTIVE 1/1/13
820	E2363	Power W/C access. Group 24 sealed lead acid battery each		NO	up to a maximum of 2 per 24 month	NO			\$168.33	rate change eff. DOS 4/1/09; former rate purchase \$176.70; LIMITS CHANGED EFFECTIVE 1/1/13
821	E2364	Power W/C accessory, U-1 non-sealed lead acid battery, ea.		NO	up to a maximum of 2 per 24 month	NO			\$101.10	LIMITS CHANGED EFFECTIVE 1/1/13

	A	B	C	D	E	F	G	H	I	J
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822	E2365	Power W/C access. U-1 sealed lead acid battery, each		NO	up to a maximum of 2 per 24 month	NO			\$101.51	rate change eff. DOS 4/1/09; former rate purchase \$106.56; LIMITS CHANGED EFFECTIVE 1/1/13
823	E2366	Power W/C access. Battery charger, single mode, each		NO		NO			\$238.58	rate change eff.DOS 4/1/09; former rate purchase \$252.20
824	E2367	Power W/C access. Battery charger dual mode, each		NO	1 per 4 years	NO			\$379.27	rate change 3/1/10 from \$400.93; PA removed eff. 8/1/10

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825	E2368	Power W/C component, motor, replacement, only		NO		NO			\$464.91	rate change 01/02/2007; PA removed for purchase eff. 8/1/10
826	E2369	Power W/C component, gear box, replacement only		NO		NO			\$404.14	rate set 08/01/2007; PA for purchase removed eff. 8/1/10
827	E2370	Power W/C component, motor and gear box combination, replacement only	Y/6months	YES		NO			\$722.56	rate change 01/02/2007
828	E2371	Power WC access. Group 27 sealed lead acid battery each		NO		NO			\$135.67	
829	E2372	Power WC access. Group 27 non-sealed lead acid battery each	Y/6 months	YES		NO			M	

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830	E2373	power WC access., hand or chin control interface, compact remote joystick, proportional, incl. fixed mounting hardware	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007 CMS description change 1/08
831	E2374	Power WC hand or chin control, standard remote joystick, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
832	E2375	Power WC, non-exp. Controller, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
833	E2376	Power WC expandable controller, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
834	E2377	Power WC expandable controller, initial upgrade only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
835	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Y/12 MONTHS	YES		NO			MSRP-22%	CMS ADDED 1/1/13

	A	B	C	D	E	F	G	H	I	J
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836	E2381	Power WC pneumatic drive wheel tire, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
837	E2382	Power WC tube for pneumatic drive wheel tire any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
838	E2383	Power WC insert for pneumatic drive wheelany type, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
839	E2384	Power WC pneumatic caster tire, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
840	E2385	Power WC tube for pneumatic tire, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
841	E2386	Power WC foam filled drive wheel, any sz. Replac. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
842	E2387	Pwr. WC foam filled caster tire, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007

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843	E2388	Pwr. WC foam foam drive tire, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
844	E2389	Pwr. WC foam caster tire, any sz, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
845	E2390	Pwr. WC solid drive wheel, rubber/plastic, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
846	E2391	Pwr. WC solid caster wheel, rubber/plastic, any sz.removable Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
847	E2392	Pwr. WC solid caster wheel, rubber/plastic,w/ integ. wheel any sz.removable Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
848	E2394	Pwr WC access. Drive wheel excl. tires, any size repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
849	E2395	Pwr. WC caster wheel exc. Tire, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007

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850	E2396	Pwr. WC caster fork, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
851	E2397	Power W/C accessory, Lithium based battery, each	Y/12 months	YES		NO			MSRP-22%	CMS code addition 1/08
852	E2402	Negative pressure wound therapy pump speech gen. device <=8 min. recording time	Y/12 months	YES		YES	YES	\$1,373.17	NO	Policy clarification 7/17/08. Rental
853	E2500	Speech gen. device >8 min but <=20 min. recording time	Y/12 months	YES		YES	YES	\$31.29	\$312.85	
854	E2502	Speech gen. device >20 min but <=40 min. recording time	Y/12 months	YES		YES	YES	\$95.67	\$956.54	
855	E2504	Speech gen. device >20 min but <=40 min. recording time	Y/12 months	YES		YES	YES	\$126.19	\$1,261.94	
856	E2506	Speech gen. device -dig. Speech	Y/12 months	YES		YES	YES	\$185.04	\$1,850.37	
857	E2508	Speech gen. device synthesized speech	Y/12 months	YES		YES	YES	\$286.13	\$2,861.29	
858	E2510	Speech gen. device synth. Speech, multiple methods of messaging	Y/12 months	YES		YES	YES	\$647.51	\$6,475.12	

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859	E2512	accessory for speech gen. device	Y/12 months	YES		YES	YES	M	M	
860	E2599	Accessory for speech gen. device NOC	Y/12 months	YES		YES	YES	M	M	
861	E2601	Gen. Use W/C cushion width<22", any depth	Y/12 months	YES		NO			MSRP-22%	
862	E2602	Gen. Use W/C cushion width 22" or >, any depth	Y/12 months	YES		NO			MSRP-22%	
863	E2603	Skin protection W/C cushion width <22" any depth	Y/12 months	YES		NO			MSRP-22%	
864	E2604	Skin protection W/C cushion width 22" or > any depth	Y/12 months	YES		NO			MSRP-22%	
865	E2605	Positioning W/C cushion width <22" any depth	Y/12 months	YES		NO			MSRP-22%	
866	E2606	Positioning W/C cushion width>22" any depth	Y/12 months	YES		NO			MSRP-22%	
867	E2607	Skin protection & positioning seat cushion, width < 22", any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

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868	E2608	Skin protection & positioning seat cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
869	E2609	Custom fabricated W/C seat cushion, any size	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
870	E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
871	E2611	Gen. Use W/C back cushion, width < 22", any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
872	E2612	Gen. Use W/C back cushion, width 22" or >, any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
873	E2613	Positioning W/C back cushion, posterior, Width <22", any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
874	E2614	Positioning W/C back cushion, posterior, Width 22" or >, any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
875	E2615	Positioning W/C back cushion, post/lateral, Width <22", any ht, Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

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876	E2616	Positioning W/C back cushion, post/lat, width 22" or>, any ht.,Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
877	E2617	Custom fabricated W/C back cushion, any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
878	E2619	Replacement cover for W/C seat cushion or back cushion, each	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
879	E2620	Positioning W/C back cushion, planar with lateral supp., width<22", Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
880	E2621	Positioning W/C back cushion, planar with lateral supp., width22"or >, Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
881	E2622	skin protection wheelchair seat cushion, adjustable, width< 22", any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0734
882	E2623	skin protection wheelchair seat cushion, adjustable, width 22 >" or greater, any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0735

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883	E2624	skin protection and positioning wheelchair cushion, adjustable width <22", any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0736
884	E2625	skin protection and positioning wheelchair cushion, adjustable width 22 or >", any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0737
885	E8000	Gait trainer, ped. Size, posterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
886	E8001	Gait trainer, ped. Size, upright support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
887	E8002	Gait trainer, ped. Size, anterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
888	K0001	Standard wheelchair		NO	1 per 5 years	Y/ month	NO	\$47.69	\$476.90	PA removed for purchase and PA removed for RR eff 8/1/10
889	K0002	Stnd hemi (low seat) whlchr	Y/ 6 months	YES		Y/ month	YES	\$78.28	\$782.80	

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890	K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	\$72.86	\$728.60	
891	K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	YES	\$124.81	\$1,248.10	
892	K0005	Ultralightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	\$176.86	\$1,768.60	
893	K0006	Heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	\$107.22	\$1,072.20	
894	K0007	Extra heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	\$170.77	\$1,707.70	
895	K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	

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896	K0015	Detach non-adjust hght armrst		NO		Y/ month	NO	\$16.44	\$164.44	rate change eff. DOS 4/1/09; former rates purchase \$173.83, RR \$17.38; PA for purchase and PA for rental removed eff. 8/1/10
897	K0017	Detach adjust armrest base		NO		Y/ month	NO	\$4.63	\$46.25	rate change eff. DOS 4/1/09; former rates purchase \$48.90, RR \$4.89; ; PA for purchase and PA for RR removed eff. 8/1/10

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898	K0018	Detach adjust armrst upper		NO		Y/ month	NO	\$2.58	\$25.84	rate change eff. DOS 4/1/09; former rates purchase \$27.31, RR \$2.73; PA for purchase and PA for RR removed eff. 8/1/10
899	K0019	Arm pad each		NO		Y/ month	NO	\$1.56	\$15.55	rate change eff. DOS 4/1/09; former rates purchase \$16.43, RR \$1.64; PA for purchase and PA for RR removed eff. 8/1/10

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900	K0020	Fixed adjust armrest pair		NO		Y/ month	NO	\$4.21	\$42.05	rate change eff. DOS 4/1/09; former rates purchase \$44.44, RR \$4.44; PA for purchase and PA for RR removed
901	K0037	high mount foot rest		NO		Y/month	NO	\$3.31	\$33.10	DOS 4/1/09; former rates purchase \$39.17; rate change eff. 3/1/10 former rate \$3.70RR & \$37.04 purchase; PA for purchase and PA for RR removed eff. 8/1/10

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902	K0038	Leg strap each		NO		NO			\$21.96	rate change eff.DOS 4/1/09; former rate purchase \$23.21;
903	K0039	Leg strap h style each		NO		NO			\$48.76	rate change eff. DOS 4/1/09; former rate purchase \$51.54
904	K0040	Adjustable angle footplate		NO		Y/month	NO	\$6.76	\$67.58	rate change eff.DOS 4/1/09; former rates purchase \$71.43, RR \$7.14; PA for purchase and PA for RR removed eff. 8/1/10

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905	K0041	Large size footplate each		NO		Y/month	NO	\$4.79	\$47.89	rate change eff. DOS 4/1/09; former rates purchase \$50.62, RR \$ 5.06; PA for purchase and PA for RR removed eff. 8/1/10
906	K0042	Standard size footplate each		NO		Y/month	NO	\$3.04	\$30.40	rate change eff. DOS 4/1/09; former rates purchase \$32.13, RR \$3.21; PA for purchase and PA for RR removed eff. 8/1/10

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907	K0043	Ftrst lower extension tube		NO		NO			\$17.67	rate change eff. DOS 4/1/09; former rate purchase \$18.69
908	K0044	Ftrst upper hanger bracket		NO		NO			\$15.06	rate change eff. DOS 4/1/09; former rate purchase \$15.92
909	K0045	Footrest complete assembly		NO		NO			\$51.24	rate change eff. DOS 4/1/09; former rate purchase \$54.16
910	K0046	Elevat legrst low extension		NO		NO			\$17.67	rate change eff. DOS 4/1/09; former rate purchase \$18.69
911	K0047	Elevat legrst up hangr brack		NO		NO			\$69.21	rate change eff.DOS 4/1/09; former rate purchase \$73.17

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912	K0050	Ratchet assembly		NO		NO			\$29.41	rate change eff. DOS 4/1/09; former rate purchase \$31.09
913	K0051	Cam release assem frst/lgrst		NO		NO			\$47.61	rate changeeff. DOS 4/1/09; former rate purchase \$50.33
914	K0052	Swingaway detach footrest		NO		Y/month	NO	\$8.37	\$83.66	rate change eff. DOS 4/1/09; former rate purchase \$88.43, RR \$8.84; PA for purchase and PA for RR removed eff 8/1/10

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915	K0053	Elevate footrest articulate		NO		NO			\$92.32	rate change eff. DOS 4/1/09; former rate purchase \$97.59
916	K0056	Seat ht <17 or >=21 ltwt wc		NO		Y/month	NO	\$9.10	\$90.98	PA for purchase and PA for RR removed eff 8/1/10
917	K0065	Spoke protectors		NO		NO			\$42.54	
918	K0069	Rear whl complete solid tire		NO		NO			\$95.59	
919	K0070	Rear whl compl pneum tire		NO		NO			\$175.23	
920	K0071	Front castr compl pneum tire		NO		NO			\$104.51	
921	K0072	Frnt cstr cmpl sem-pneum tir		NO		NO			\$62.91	
922	K0073	Caster pin lock each		NO		NO			\$33.29	
923	K0077	Front caster assem complete		NO		NO			\$56.30	
924	K0098	Drive belt power wheelchair D		NO		NO			\$24.63	rate change eff. DOS 4/1/09; former rate purchase \$26.03

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925	K0105	IV hanger		NO		NO			\$95.12	PA removed for purchase eff. 8/1/10
926	K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NO			MSRP-22%	
927	K0195	Elevating whlchair leg rests		NO		Y/ month	NO	\$19.07	\$190.71	rate change eff. DOS 4/1/09; former rates purchase\$201.60, RR \$20.16; PA for purchase and PA for RR removed eff 8/1/10
928	K0455	Pump uninterrupted infusion	Y/ 6 months	YES		Y/ month	YES	\$253.40	NO	

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929	K0462	Temporary replacement item for pt. owned equipment	Y/6 months	YES		Y/month	YES	M	NO	code added to fee schedule 01/01/2007 This code is valid for Medicare crossovers only. Please see clarification on the DME Covered Services page.
930	K0552	Supplies for ext. drug inf. Pump, syringe type cartridge, sterile, each		NO		NO			\$2.12	
931	K0606	AED with integrated EKG analysis, garment, each	Y/12 months	YES		Y/month	YES	\$2,268.20	\$22,682.20	Purchase option added eff 7/1/10
932	K0669	W/C accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Y/12 months	YES		NO			MSRP-22%	description updated 7/7/08

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933	K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Y/12 months	YES		NO			M	code activated by CMS 4-1-08
934	K0730	Controlled Dose Inhalation del. System effective 7/1/05	Y/12 months	YES		NO			\$1,551.60	rate set 08/01/2007; rate adj 1/1/09
935	K0733	Battery for power chair 12-24 amp new 7/1/06		NO		NO			\$27.19	rate set 08/01/2007; PA ended eff 12-1-09.
936	K0734	W/C cushion <22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	CMS end dated 12/31/10
937	K0735	W/C cushion >22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	CMS end dated 12/31/10
938	K0736	W/C cushion adj. <22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	CMS end dated 12/31/10
939	K0737	W/C cushion adj. >22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	CMS end dated 12/31/10
940	K0738	Prt. O2 home compressor to fill prt. Tanks incl. all supplies	Y/12 months	YES		Y/ month	YES	\$51.63	NO	code added to fee schedule 01/01/2007

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941	K0739	Repair of DME equipment, other than oxygen, requiring the skill of a technician, labor component, per 15 minutes. 1 unit =15 minutes	Y/12 months if PA required	YES>\$500		NO			\$13.41	PA requirement changed to >\$500 eff 8/1/10
942	K0800	POV Grp 1 pt. wt. <=300 lbs	Y/12 months	YES		Y/ month	YES	\$116.35	\$1,163.49	code added to fee schedule 01/01/2007
943	K0801	POV Grp. 1 Hvy Duty. Pt. wt 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$187.58	\$1,875.80	code added to fee schedule 01/01/2007
944	K0802	POV Grp. 1 Very Hvy Duty pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$212.28	\$2,122.79	code added to fee schedule 01/01/2007
945	K0806	POV Grp. 2 stand. Pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$140.75	\$1,407.52	code added to fee schedule 01/01/2007
946	K0807	POV, Grp. 2, Hvy. Duty 301-450 lbs	Y/12 months	YES		Y/ month	YES	\$213.58	\$2,135.75	code added to fee schedule 01/01/2007

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947	K0808	POV, Grp. 2, Very Hvy. Duty 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$330.44	\$3,304.44	code added to fee schedule 01/01/2007
948	K0812	POV, NOC	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
949	K0813	Pwr. WC Grp. 1, stand., port. Sling/solid seat & back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$200.55	\$2,005.47	code added to fee schedule 01/01/2007
950	K0814	Pwr. WC Grp. 1 stand. Port. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$252.68	\$2,526.84	code added to fee schedule 01/01/2007
951	K0815	Pwr. WC Grp 1 stand.sling/sol. Seat & back, pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$310.42	\$3,104.19	code added to fee schedule 01/01/2007
952	K0816	Pwr. WC Grp 1 stand. captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$296.29	\$2,962.89	code added to fee schedule 01/01/2007
953	K0820	Pwr. WC Grp 2 stand. Port. Sling/solid seat/back <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$225.86	\$2,258.64	code added to fee schedule 01/01/2007

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954	K0821	Pwr. WC Grp 2 stand. Port. Captain's chair, pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$248.18	\$2,481.84	code added to fee schedule 01/01/2007
955	K0822	Pwr. WC Grp 2 stand. Sling/solid seat/back pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$352.17	\$3,521.70	code added to fee schedule 01/01/2007
956	K0823	Pwr. WC Grp 2 stand. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$355.37	\$3,553.65	code added to fee schedule 01/01/2007
957	K0824	Pwr. WC Grp 2 Hvy duty sling/solid seat/back pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$428.31	\$4,283.10	code added to fee schedule 01/01/2007
958	K0825	Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$355.68	\$3,556.80	code added to fee schedule 01/01/2007
959	K0826	Pwr. WC Grp 2, very hvy duty, sling/solid seat/back pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$556.71	\$5,567.13	code added to fee schedule 01/01/2007
960	K0827	Pwr. WC, Grp. 2 very hvy duty, captain's chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$425.31	\$4,253.13	code added to fee schedule 01/01/2007

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961	K0828	Pwr. WC, Grp. 2 xhvy duty, sling/solid seat/back pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	\$614.20	\$6,141.96	code added to fee schedule 01/01/2007
962	K0829	Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 601 > lbs.	Y/12 months	YES		Y/ month	YES	\$506.14	\$5,061.42	code added to fee schedule 01/01/2007
963	K0830	Pwr. WC Grp. 2 stand. Seat elev. Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$398.33	\$3,983.31	code added to fee schedule 01/01/2007
964	K0831	Pwr. WC Grp. 2 stand. Seat elev. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$398.33	\$3,983.31	code added to fee schedule 01/01/2007
965	K0835	Pwr. WC Grp. 2, stand. Single pwr. Opt. sling/solid seat/back pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$364.48	\$3,644.82	code added to fee schedule 01/01/2007
966	K0836	Pwr. WC Grp. 2 stand. Single pwr. Opt. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$371.16	\$3,711.60	code added to fee schedule 01/01/2007
967	K0837	Pwr. WC Grp. 2 hvy. Duty, single pwr opt. sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$428.31	\$4,283.10	code added to fee schedule 01/01/2007

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968	K0838	Pwr. WC Grp. 2 hvy. duty, single pwr opt. Captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$386.51	\$3,865.14	code added to fee schedule 01/01/2007
969	K0839	Pwr. WC, Grp. 2, very hvy. Duty single pwr. Opt.,sling/solid back, pt. wt. 401-600 lbs.	Y/12 months	YES		Y/ month	YES	\$556.71	\$5,567.13	code added to fee schedule 01/01/2007
970	K0840	Pwr. WC, Grp. 2, xhvy. Duty, single pwr. Opt. pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	\$751.55	\$7,515.54	code added to fee schedule 01/01/2007
971	K0841	Pwr. WC Grp. 2 stand.multi-pwr. Opt. sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$390.83	\$3,908.30	code added to fee schedule 01/01/2007; rate change eff. DOS 4/1/09; former rates purchase

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972	K0842	Pwr. WC, Grp. 2, multi-pwr., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$390.83	\$3,908.30	code added to fee schedule 01/01/2007; rate change DOS 3/1/10 from purchase \$4096.35/RR \$409.64
973	K0843	Pwr. WC, Grp. 2, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back,pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$457.94	\$4,579.38	code added to fee schedule 01/01/2007
974	K0848	Pwr. WC Grp. 3, stand. Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$465.58	\$4,655.79	code added to fee schedule 01/01/2007
975	K0849	Pwr. WC, Grp. 3, stand., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$447.49	\$4,474.89	code added to fee schedule 01/01/2007
976	K0850	Pwr. WC, Grp. 3, hvy. Duty, sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$516.79	\$5,167.89	code added to fee schedule 01/01/2007

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977	K0851	Pwr. WC, Grp. 3, hvy. Duty, captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$496.73	\$4,967.28	code added to fee schedule 01/01/2007
978	K0852	Pwr. WC, Grp. 3, very hvy. Duty,sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$627.39	\$6,273.90	code added to fee schedule 01/01/2007
979	K0853	Pwr. WC, very hvy. Duty, captain's chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$644.76	\$6,447.60	code added to fee schedule 01/01/2007
980	K0854	Pwr. WC, Grp. 3 xhvy. Duty, sling/solid seat/back, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	\$820.40	\$8,204.04	01/01/2007 wt limit corrected 7/2/07
981	K0855	Pwr. WC, Grp. 3, xhvy duty, captain's chair, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	\$767.28	\$7,672.77	01/01/2007 wt limit corrected 7/2/07
982	K0856	Pwr. WC, Grp. 3, stand., single pwr. Opt. sling/solid seat back, pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	YES	\$500.52	\$5,005.17	code added to fee schedule 01/01/2007
983	K0857	Pwr. WC, Grp. 3, stand., single pwr. Opt. capt. chair pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	YES	\$466.78	\$4,667.76	code added to fee schedule 01/01/2007

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984	K0858	Pwr. WC, Grp. 3, hvy. Duty, single pwr. Opt., sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$623.36	\$6,233.58	code added to fee schedule 01/01/2007
985	K0859	Pwr. WC, Grp. 3, single pwr. Opt., capt. Chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$583.45	\$5,834.52	code added to fee schedule 01/01/2007
986	K0860	Pwr. WC, Grp. 3, very hvy. Duty,sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$876.07	\$8,760.69	code added to fee schedule 01/01/2007
987	K0861	Pwr. WC, Grp. 3 stand., multi-pwr. Opt.,sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$501.31	\$5,013.09	code added to fee schedule 01/01/2007
988	K0862	Pwr. WC, Grp. 3, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$623.36	\$6,233.58	code added to fee schedule 01/01/2007
989	K0863	Pwr. WC, Grp. 3, very hvy. Duty,multi-pwr.sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$876.07	\$8,760.69	code added to fee schedule 01/01/2007
990	K0864	Pwr. WC, Grp. 3, xhvy duty, multi-pwr.opt.,sling/solid seat/back , pt. wt.600> lbs.	Y/12 months	YES		Y/ month	YES	\$1,042.50	\$10,424.97	code added to fee schedule 01/01/2007

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991	K0868	Pwr. WC, group 4 standard, sling/solid seat back, pt. wt =<300 lbs.	Y/12 months	YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
992	K0869	Pwr. WC, group 4 standard, captain's chair, pt. wt =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
993	K0870	Pwr. WC, group 4, heavy duty, sling/solid seat bak, pt wt. 301-450 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
994	K0871	Pwr. WC, group 4, very heavy duty, sling/solid seat bak, pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
995	K0877	Pwr. WC, group 4, standard, single power option, sling/solid seat back, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
996	K0878	Pwr. WC, group 4, standard, single power option, captain's chair, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
997	K0879	Pwr. WC, group 4, heavy duty, single power option, sling/solid seat bak, pt wt. 301-450 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after

	A	B	C	D	E	F	G	H	I	J
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998	K0880	Pwr. WC, group 4, very heavy duty, single power option, sling/solid seat bak, pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
999	K0884	pwr. WC, sgroup 4, standard, multi power option, sling/solid seat back, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
1000	K0885	Pwr. WC, group 4, standard, multi power option, captain's chair, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
1001	K0886	Pwr. WC, group 4 heavy duty, multi power option, sling/solid seat back, pt. wt. 301-450 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
1002	K0890	PWR. WC. Grp.5, ped. Sling/solid seat back pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
1003	K0891	Pwr. WC Grp. 5, ped.multi-pwr, sling/solid seat/back, pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
1004	K0898	Pwr. Mobility device NOC	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007

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1005	L0113	Cranial cervical orthosis, torticollis type, w/wo joint, w/o soft interface, prefab. Incl. fitting & adj.	Y/12 months	YES		NO			M	CMS addition 1-1-09
1006	L0120	Cerv flexible non-adjustable		NO		NO			\$21.60	
1007	L0130	Flex thermoplastic collar molded to patient	Y/12 months	YES		NO			\$156.19	
1008	L0140	Cervical semi-rigid adjustab		NO		NO			\$53.90	
1009	L0150	Cerv semi-rig adj molded chn		NO		NO			\$89.88	
1010	L0160	Cerv semi-rig wire occ/mand		NO		NO			\$127.96	
1011	L0170	Cervical collar molded to pt	Y/ 12 months	YES		NO			\$541.49	
1012	L0172	Cerv col thermplas foam 2 piece		NO		NO			\$109.80	
1013	L0174	Cerv col foam 2 piece w thor		NO		NO			\$197.24	
1014	L0180	Cer post col occ/man sup adj		NO		NO			\$268.26	
1015	L0190	Cerv collar supp adj cerv ba		NO	1 per year	NO			\$403.80	PA removed eff. 8/1/10

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1016	L0200	Cerv col supp adj bar & thor		NO	1 per year	NO			\$370.78	PA removed eff. 8/1/10
1017	L0220	Thor rib belt custom fabrica	Y/12 months	YES		NO			\$87.94	
1018	L0430	Spinal orthosis, Dewart posture protector CODE REACTIVATED 1/1/05	Y/12 months	YES		NO			\$1,073.89	
1019	L0450	TLSO flexible, provides trunk support, upper thoracic region, prefab		NO		NO			\$145.17	
1020	L0452	TLSO flexible, provides trunk support, upper thoracic region, customized	Y/12 months	YES		NO			\$271.28	

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1021	L0454	TLSO, Flexible, provides trunk support, sacrococcygeal juntion to T-9, prefab		NO		NO			\$188.81	
1022	L0456	TLSO, flexible thoracic region, prefab		YES		NO			\$755.69	ratechange 8/1/2007
1023	L0460	TLSO, triplanar control prefab	Y/12 months	YES		NO			\$762.71	added to fee schedule 8/13/2007
1024	L0462	TLSO, triplanar control, prefab	Y/12 months	YES		NO			\$909.58	rate set 01/02/2007
1025	L0464	TLSO, triplanar control 4 piece rigid plastic with interface, prefab	Y/12 months	YES		NO			\$962.52	
1026	L0466	TLSO Sagittal control, prefab		NO		NO			\$295.09	

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1027	L0468	TLSO sagittal-coronol control, rigid posterior frame		NO	1 per year	NO			\$332.39	PA removed eff. 8/1/10
1028	L0470	TLSO triplanar control		NO	1 per year	NO			\$369.97	PA removed eff. 8/1/10
1029	L0472	TLSO, triplanar control, hyperextension prefab		NO	1 per year	NO			\$330.63	PA removed eff. 8/1/10
1030	L0480	TLSO, triplanar control, one piece rigid plastic shell	Y/12 months	YES		NO			\$964.69	rate set 01/02/2007
1031	L0482	TLSO, triplanor, custom fabricated, one piece rigid plastic shell, each	Y/12 months	YES		NO			\$1,073.89	
1032	L0484	TLSO, triplanor control, two piece	Y/12 months	YES		NO			\$1,366.56	

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1033	L0486	TLSO, triplanor control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NO			\$1,353.74	
1034	L0488	TLSO triplanor, one piece, prefab	Y/12 months	YES		NO			\$913.86	rate change 3/1/10 from \$1172.02
1035	L0490	TLSO sagittal coronal control one piece prefab		NO		NO			\$214.93	rate change 08/01/2007; PA ended eff. 12-1- 09
1036	L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NO			\$621.62	
1037	L0492	TLSO 3 rigid plastic shells, pre fab		NO	1 per year	NO			\$402.87	PA removed eff. 8/1/10
1038	L0621	Sacroiliac orthosis, flexible, pre fab		NO		NO			\$72.17	
1039	L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NO			\$195.70	
1040	L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months	YES		NO			M	

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1041	L0624	Sacroiliac orthosis, rigid or semi-rigid, custom	Y/12 months	YES		NO			M	
1042	L0625	Lumbar orthosis, flexible, pre fab M pricing until 9/1/06		NO		NO			\$44.60	
1043	L0626	Lumbar orthosis, sagittal control, pre fab M pricing until 9/1/06		NO		NO			\$63.10	
1044	L0627	Lumbar orthosis, sagittal control with rigid ant./post. Panels, pre fab M pricing until 9/1/06		NO		NO			\$332.72	PA removed eff. 8/1/10
1045	L0628	Lumbar-sacral orthosis, flexible, pre fab M pricing until 9/1/06		NO		NO			\$67.89	
1046	L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NO			M	
1047	L0630	Lumbar-sacral orthosis, sag. Control, pre fab M pricing until 9/1/06		NO		NO			\$131.07	

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1048	L0631	Lumbar-sacral orthosis, sagittal control, pre fab M pricing until 9/1/06	Y/12 months	YES		NO			\$830.92	
1049	L0632	Lumbar-sacral orthosis, sag. Control, rigid ant./post. Custom	Y/12 months	YES		NO			M	
1050	L0633	Lumbar-sacral orthosis, sag. Control, rigid post., pre fab M pricing until 9/1/06		NO		NO			\$232.10	
1051	L0634	Lumbar-sacral orthosis, sag. Control, rigid post., custom	Y/12 months	YES		NO			M	
1052	L0635	Lumbar-sacral orthosis, sag-coronal control, prefab m pricing until 9/1/06	Y/12 months	YES		NO			\$688.57	
1053	L0636	Lumbar-sacral orthosis, sag-coronal control, custom	Y/12 months	YES		NO			\$1,143.02	
1054	L0637	Lumbar-sacral orthosis, sag-coronal control, rigid ant/post., prefab M pricing until 9/1/06	Y/12 months	YES		NO			\$1,101.92	

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1055	L0638	Lumbar-sacral orth, sag-coronal control, rigid ant./post., custom M pricing until 9/1/06	Y/12 months	YES		NO			\$1,067.55	
1056	L0639	Lumbar-sacral orthosis, sag.-coronal control, rigid post. Prefab M pricing until 9/1/06	Y/12 months	YES		NO			\$1,101.92	
1057	L0640	Lumbar-sacral orthosis, sag-coronal control, rigid post., custom M pricing until 9/1/06	Y/12 months	YES		NO			\$846.98	
1058	L0700	Ctlso a-p-l control molded	Y/ 12 months	YES		NO			\$1,662.23	
1059	L0710	Ctlso a-p-l control w/ inter	Y/ 12 months	YES		NO			\$1,814.43	
1060	L0810	Halo cervical into jckt vest	Y/ 12 months	YES		NO			\$1,927.56	
1061	L0820	Halo cervical into body jack	Y/ 12 months	YES		NO			\$1,559.32	
1062	L0830	Halo cerv into milwaukee typ	Y/ 12 months	YES		NO			\$2,251.49	
1063	L0970	Tlso corset front		NO		NO			\$82.06	

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1064	L0972	Lso corset front		NO		NO			\$83.88	
1065	L0974	Tlso full corset		NO		NO			\$171.40	
1066	L0976	Lso full corset		NO		NO			\$153.07	
1067	L0978	Axillary crutch extension		NO		NO			\$138.21	
1068	L0980	Peroneal straps pair		NO		NO			\$12.53	
1069	L0982	Stocking supp grips set of 4		NO		NO			\$13.66	
1070	L0984	Protective body sock each		NO		NO			\$43.58	
1071	L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NO			M	
1072	L1000	Ctlso milwauke initial model	Y/ 12 months	YES		NO			\$1,457.71	
1073	L1001	Cervical TLSO, infant, prefab	YES	YES		NO			M	code added 01/02/2007
1074	L1010	Ctlso axilla sling		NO		NO			\$58.70	
1075	L1020	Kyphosis pad		NO		NO			\$80.20	
1076	L1025	Kyphosis pad floating		NO		NO			\$91.15	
1077	L1030	Lumbar bolster pad		NO		NO			\$60.90	
1078	L1040	Lumbar or lumbar rib pad		NO		NO			\$73.31	
1079	L1050	Sternal pad		NO		NO			\$63.48	
1080	L1060	Thoracic pad		NO		NO			\$71.59	
1081	L1070	Trapezius sling		NO		NO			\$73.19	
1082	L1080	Outrigger		NO		NO			\$50.71	

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1083	L1085	Outrigger bil w/ vert extens		NO		NO			\$140.90	
1084	L1090	Lumbar sling		NO		NO			\$65.82	
1085	L1100	Ring flange plastic/leather		NO		NO			\$116.18	
1086	L1110	Ring flange plas/leather molded to patient		NO		NO			\$176.79	\$196.79 former rate change effective 1/15/08; PA ended eff. 12-1-09
1087	L1120	Covers for upright each		NO		NO			\$31.35	
1088	L1200	Furnsh initial orthosis only	Y/ 12 months	YES		NO			\$1,247.80	
1089	L1210	Lateral thoracic extension		NO		NO			\$187.88	
1090	L1220	Anterior thoracic extension		NO		NO			\$159.06	
1091	L1230	Milwaukee type superstructur		NO		NO			\$408.15	PA removed eff. 8/1/10
1092	L1240	Lumbar derotation pad		NO		NO			\$70.25	
1093	L1250	Anterior asis pad		NO		NO			\$69.16	
1094	L1260	Anterior thoracic derotation pad		NO		NO			\$71.07	
1095	L1270	Abdominal pad		NO		NO			\$70.97	
1096	L1280	Rib gusset (elastic) each		NO		NO			\$63.28	

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1097	L1290	Lateral trochanteric pad		NO		NO			\$71.74	
1098	L1300	Body jacket mold to patient	Y/ 12 months	YES		NO			\$1,199.37	
1099	L1310	Post-operative body jacket	Y/ 12 months	YES		NO			\$1,234.16	
1100	L1499	Spinal orthosis NOS	Y/ 12 months	YES		NO			M	
1101	L1500	Thkao mobility frame	Y/ 12 months	YES		NO			\$1,363.83	
1102	L1510	Thkao standing frame	Y/ 12 months	YES		NO			\$862.81	
1103	L1520	Thkao swivel walker	Y/ 12 months	YES		NO			\$2,049.32	
1104	L1600	Abduct hip flex frejka w cvr		NO		NO			\$92.52	
1105	L1610	Abduct hip flex frejka covr		NO		NO			\$31.52	
1106	L1620	Abduct hip flex pavlik harne		NO		NO			\$103.81	
1107	L1630	Abduct control hip semi-flex		NO		NO			\$123.87	
1108	L1640	Pelv band/spread bar thigh c		NO		NO			\$331.31	PA removed eff. 8/1/10
1109	L1650	HO abduction hip adjustable		NO		NO			\$175.69	
1110	L1660	HO abduction static plastic		NO		NO			\$122.87	

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1111	L1680	Pelvic & hip control thigh c	Y/ 12 months	YES		NO			\$1,010.22	
1112	L1685	Post-op hip abduct custom fa	Y/ 12 months	YES		NO			\$1,065.95	
1113	L1686	HO post-op hip abduction	Y/ 12 months	YES		NO			\$715.11	
1114	L1690	Combination bilateral LS/hip/femur	Y/ 12 months	YES		NO			\$1,492.95	
1115	L1700	Legg perthes orth toronto typ	Y/ 12 months	YES		NO			\$1,242.04	
1116	L1710	Legg perthes orth newington	Y/ 12 months	YES		NO			\$1,459.94	
1117	L1720	Legg perthes orthosis trilat	Y/ 12 months	YES		NO			\$1,078.46	
1118	L1730	Legg perthes orth scottish r	Y/ 12 months	YES		NO			\$813.69	
1119	L1755	Legg perthes patten bottom t	Y/ 12 months	YES		NO			\$1,184.31	
1120	L1810	KO elastic with joints		NO		NO			\$93.48	
1121	L1820	KO elas w/ condyle pads & jo		NO		NO			\$93.09	
1122	L1830	KO immobilizer canvas longit		NO		NO			\$77.88	

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1123	L1831	KO locking knee joint pre fab incl. Fitting and adj.	Y/12 months	NO		NO			\$190.58	
1124	L1832	KO adj jnt pos rigid support	Y/ 12 months	YES		NO			\$582.03	
1125	L1834	KO w/0 joint rigid molded to	Y/ 12 months	YES		NO			\$684.74	
1126	L1840	KO derot ant cruciate custom	Y/ 12 months	YES		NO			\$719.78	
1127	L1843	KO single upright thigh & calf- prefabricated, each	Y/ 12 months	YES		NO			\$692.73	description updated 1/09
1128	L1844	KO w/adj jt rot cntrl molded	Y/ 12 months	YES		NO			\$1,200.34	
1129	L1845	KO w/ adj flex/ext rotat cus	Y/ 12 months	YES		NO			\$723.15	
1130	L1846	KO w adj flex/ext rotat mold	Y/ 12 months	YES		NO			\$906.34	
1131	L1847	KO adjustable w air chambers		NO		NO			\$444.06	PA removed eff. 8/1/10
1132	L1850	KO swedish type		NO		NO			\$206.67	
1133	L1860	KO supracondylar socket mold	Y/ 12 months	YES		NO			\$801.59	

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1134	L1900	AFO sprng wir drsflx calf bd		NO		NO			\$217.15	
1135	L1902	AFO ankle gauntlet		NO		NO			\$58.97	
1136	L1904	AFO molded ankle gauntlet	Y/ 12 months	YES		NO			\$337.64	
1137	L1906	AFO multiligamentus ankle su		NO		NO			\$98.67	
		supramalleolar w/straps w/wo								
1138	L1907	interface/pads, custom fabricated	Y/12 months	YES		NO			\$364.37	
1139	L1910	AFO sing bar clasp attach sh		NO		NO			\$192.01	
1140	L1920	AFO sing upright w/ adjust s		NO		NO			\$251.01	
		AFO plastic or other material, includes								
1141	L1930	fitting & adjustment		NO		NO			\$169.85	
		AFO, rigid anterior tibial section,pre fab,								rate change
1142	L1932	incl. Fitting & adj.	Y/12 months	YES		NO			\$650.05	01/02/2007
1143	L1940	AFO, plastic or other material custom	Y/ 12 months	YES		NO			\$383.85	
1144	L1945	AFO molded plas rig ant tib	Y/ 12 months	YES		NO			\$704.90	
		AFO spiral molded to pt plas								
1145	L1950	spiral, IRM type, plastic or other	Y/ 12 months	YES		NO			\$534.80	
		material prefab, incl. Fitting and adj.								
1146	L1951		Y/12 months	YES		NO			\$543.82	

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1147	L1960	AFO pos solid ank plastic mo; custom	Y/ 12 months	YES		NO			\$397.98	
1148	L1970	AFO plastic molded w/ankle j	Y/ 12 months	YES		NO			\$588.64	
1149	L1971	plastic or other material w/ankle joint, prefab, incl. Fitting and adj.		NO		NO			\$303.52	PA removed eff. 8/1/10
1150	L1980	AFO sing solid stirrup calf custom	Y/12 months	YES		NO			\$263.51	
1151	L1990	AFO doub solid stirrup calf; custom	Y/ 12 months	YES		NO			\$338.57	
1152	L2000	KAFO using fre stirr thi/calf; custom	Y/ 12 months	YES		NO			\$728.26	
1153	L2005	KAFO any material, single or dbl. Upright includes ankle joint custom fabricated	Y/12 months	YES		NO			\$2,985.10	rate change 01/02/2007
1154	L2010	KAFO single upright, free ankle, solid stirrup	Y/ 12 months	YES		NO			\$663.87	
1155	L2020	KAFO dbl solid stirrup band/	Y/ 12 months	YES		NO			\$838.37	
1156	L2030	KAFO dbl solid stirrup w/o j	Y/ 12 months	YES		NO			\$727.36	

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1157	L2034	KAFO full plastic, single upright, w/wo free motion knee,custom fabricated	Y/12 months	YES		NO			\$1,560.11	rate set 08/01/2007
1158	L2035	KAFO plastic pediatric size		NO		NO			\$133.74	
1159	L2036	KAFO plas doub free knee mol	Y/ 12 months	YES		NO			\$1,332.12	
1160	L2037	KAFO plas sing free knee mol	Y/ 12 months	YES		NO			\$1,227.64	
1161	L2038	KAFO w/o joint multi-axis an	Y/ 12 months	YES		NO			\$1,026.55	
1162	L2040	Hkafo torsion bil rot straps		NO		NO			\$131.12	
1163	L2050	Hkafo torsion cable hip pelv; custom	Y/ 12 months	YES		NO			\$349.21	
1164	L2060	Hkafo torsion ball bearing j; custom	Y/ 12 months	YES		NO			\$448.19	
1165	L2070	Hkafo torsion unilat rot str; custom	Y/12 months	YES		NO			\$128.74	
1166	L2080	Hkafo unilat torsion cable, custom	Y/ 12 months	YES		NO			\$274.55	
1167	L2090	Hkafo unilat torsion ball br, custom	Y/ 12 months	YES		NO			\$338.43	
1168	L2106	AFO tib fx cast plaster mold, custom	Y/ 12 months	YES		NO			\$488.18	

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1169	L2108	AFO tib fx cast molded to pt	Y/ 12 months	YES		NO			\$767.15	
1170	L2112	AFO tibial fracture soft, pre-fab		NO		NO			\$364.26	PA removed eff. 8/1/10
1171	L2114	AFO tib fx semi-rigid, pre-fab		NO		NO			\$416.75	PA removed eff. 8/1/10
1172	L2116	Afo tibial fracture rigid	Y/ 12 months	YES		NO			\$549.09	
1173	L2126	Kafo fem fx cast thermoplas	Y/ 12 months	YES		NO			\$976.95	
1174	L2128	Kafo fem fx cast molded to p	Y/ 12 months	YES		NO			\$1,231.18	
1175	L2132	Kafo femoral fx cast soft	Y/ 12 months	YES		NO			\$579.19	
1176	L2134	Kafo fem fx cast semi-rigid	Y/ 12 months	YES		NO			\$694.43	
1177	L2136	Kafo femoral fx cast rigid	Y/ 12 months	YES		NO			\$849.11	
1178	L2180	Plas shoe insert w ank joint		NO		NO			\$84.08	
1179	L2182	Drop lock knee		NO		NO			\$65.81	
1180	L2184	Limited motion knee joint		NO		NO			\$118.59	

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1181	L2186	Adj motion knee jnt lerman t		NO		NO			\$131.41	
1182	L2188	Quadrilateral brim		NO		NO			\$286.72	
1183	L2190	Waist belt		NO		NO			\$74.47	
1184	L2192	Pelvic band & belt thigh fla		NO		NO			\$256.01	
1185	L2200	Limited ankle motion ea jnt		NO		NO			\$34.14	
1186	L2210	Dorsiflexion assist each joi		NO		NO			\$55.40	
1187	L2220	Dorsi & plantar flex ass/res		NO		NO			\$63.60	
1188	L2230	Split flat caliper stirr & p		NO		NO			\$55.09	
1189	L2232	Addt. To lower extremity orthosis, rocker bottom, custom fabricated only	Y/12 months	YES		NO			\$70.38	rate set 04/02/2007
1190	L2240	Addt. To lower extremity orthosis, round caliper & plate attachment		NO		NO			\$60.04	
1191	L2250	Foot plate molded stirrup at		NO		NO			\$255.13	PA ended eff. 12-1-09
1192	L2260	Reinforced solid stirrup		NO		NO			\$143.93	
1193	L2265	Long tongue stirrup		NO		NO			\$84.55	
1194	L2270	Varus/valgus strap padded/li		NO		NO			\$38.56	
1195	L2275	Plastic mod low ext pad/line		NO		NO			\$93.82	
1196	L2280	Molded inner boot	Y/ 12 months	YES		NO			\$348.55	

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1197	L2300	Abduction bar jointed adjust		NO		NO			\$196.75	
1198	L2310	Abduction bar-straight		NO		NO			\$88.33	
1199	L2320	Non-molded lacer		NO		NO			\$147.73	
1200	L2330	Lacer molded to patient, custom	Y/12 months	YES		NO			\$281.93	
1201	L2335	Anterior swing band		NO		NO			\$165.85	
1202	L2340	Pre-tibial shell molded to p	Y/ 12 months	YES		NO			\$391.38	
1203	L2350	Prosthetic type socket molded	Y/ 12 months	YES		NO			\$639.78	
1204	L2360	Extended steel shank		NO		NO			\$37.15	
1205	L2370	Patten bottom		NO		NO			\$184.32	
1206	L2375	Torsion ank & half solid sti		NO		NO			\$81.13	
1207	L2380	Torsion straight knee joint;		NO		NO			\$88.39	
1208	L2385	Straight knee joint heavy du		NO		NO			\$96.17	
1209	L2387	Addt. to lower extremity, polycentric knee joint, for custom fabricated KAFO, each joint		NO		NO			\$153.90	code added 6/09 eff. Date 1/1/09
1210	L2390	Offset knee joint each		NO		NO			\$78.59	
1211	L2395	Offset knee joint heavy duty		NO		NO			\$120.00	
1212	L2397	Suspension sleeve lower ext		NO		NO			\$84.16	
1213	L2405	Knee joint drop lock ea jnt		NO		NO			\$67.32	

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1214	L2415	Knee joint cam lock each joi		NO		NO			\$93.78	
1215	L2425	Knee disc/dial lock/adj flex		NO		NO			\$110.66	
1216	L2430	Knee jnt ratchet lock ea jnt		NO		NO			\$110.66	
1217	L2492	Knee lift loop drop lock rin		NO		NO			\$73.22	
1218	L2500	Thi/glut/ischia wgt bearing		NO		NO			\$226.51	
1219	L2510	Th/wght bear quad-lat brim m	Y/ 12 months	YES		NO			\$606.45	
1220	L2520	Th/wght bear quad-lat brim custom	Y/ 12 months	YES		NO			\$330.77	
1221	L2525	Th/wght bear m-l brim mo	Y/ 12 months	YES		NO			\$1,134.81	
1222	L2526	Th/wght bear m-l brim cu	Y/ 12 months	YES		NO			\$611.66	
1223	L2530	Thigh/wght bear lacer non-mo		NO		NO			\$168.70	
1224	L2540	Thigh/wght bear lacer molded	Y/ 12 months	YES		NO			\$303.55	
1225	L2550	Thigh/wght bear high roll cu		NO		NO			\$206.21	
1226	L2570	Hip clevis type 2 posit jnt		NO		NO			\$455.98	PA removed eff. 8/1/10

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1227	L2580	Pelvic control pelvic sling		NO		NO			\$432.25	PA removed eff. 8/1/10
1228	L2600	Hip clevis/thrust bearing fr		NO		NO			\$147.46	
1229	L2610	Hip clevis/thrust bearing lo		NO		NO			\$174.37	
1230	L2620	Pelvic control hip heavy dut		NO		NO			\$191.98	
1231	L2622	Hip joint adjustable flexion		NO		NO			\$220.18	
1232	L2624	Hip adj flex ext abduct cont		NO		NO			\$299.33	
1233	L2627	Plastic mold recipro hip & c	Y/ 12 months	YES		NO			\$1,233.21	
1234	L2628	Metal frame recipro hip & ca	Y/ 12 months	YES		NO			\$1,448.65	
1235	L2630	Pelvic control band & belt u		NO		NO			\$177.79	
1236	L2640	Pelvic control band & belt b		NO		NO			\$241.29	
1237	L2650	Pelv & thor control gluteal		NO		NO			\$86.17	
1238	L2660	Thoracic control thoracic ba		NO		NO			\$133.82	
1239	L2670	Thorac cont paraspinal uprig		NO		NO			\$122.48	
1240	L2680	Thorac cont lat support upri		NO		NO			\$112.36	
1241	L2750	Plating chrome/nickel pr bar		NO		NO			\$60.02	
1242	L2755	Addt. Lower ext.,high strength, custom fab. Only		NO		NO			\$100.89	
1243	L2760	Extension per extension per		NO		NO			\$43.62	

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1244	L2768	Orthotic side bar, Disconnect device, each		YES		NO			\$110.02	added eff. 10/1/10
1245	L2780	Non-corrosive finish per bar		NO		NO			\$51.60	
1246	L2785	Drop lock retainer each		NO		NO			\$30.34	
1247	L2795	Knee control full kneecap		NO		NO			\$61.01	
1248	L2800	Knee cap medial or lateral p		NO		NO			\$76.58	
1249	L2810	Knee control condylar pad		NO		NO			\$56.08	
1250	L2820	Soft interface below knee se		NO		NO			\$62.35	
1251	L2830	Soft interface above knee se		NO		NO			\$70.11	
1252	L2840	Tibial length sock fx or equ		NO		NO			\$39.13	
1253	L2850	Femoral lgth sock fx or equa		NO		NO			\$44.46	
1254	L2861	addt. to lower ext-joint, knee or ankle, custom only, each	Y/12 months	YES		NO			M	CMS added 1/1/2010
1255	L2999	Lower extremity orthosis NOS	Y/12 months	YES		NO			M	
1256	L3000	foot insert Berkeley shell, each		NO		NO			\$247.24	PA ended eff. 12-1-09
1257	L3001	foot insert Spenco, each		NO		NO			\$101.20	rate change 08/01/2007; PA ended eff. 12-1-09

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1258	L3002	foot insert, Plastazote , each		NO		NO			\$122.72	rate change 08/01/2008; PA ended eff. 12-1-09
1259	L3003	foot insert, Silicone gel , each		NO		NO			\$132.38	rate change 08/01/2009; PA ended eff. 12-1-09
1260	L3010	Longitudinal Arch support each		NO		NO			\$122.12	PA ended eff. 12-1-09
1261	L3020	Foot longitud/metatarsal supp		NO		NO			\$139.06	PA ended eff. 12-1-09
1262	L3030	Foot arch support remov prem		NO		NO			\$53.49	PA ended eff. 12-1-09
1263	L3040	Foot arch support remov premolded longitudinal, each		NO		NO			\$31.99	PA ended eff. 12-1-09
1264	L3060	Foot arch support, removable, premolded, longitudinal & horizontal, each				NO			\$53.73	rate set 01/02/2007; PA ended eff. 12-1-09
1265	L3100	Hallus-valgus night dynamic splint		NO		NO			\$30.31	
1266	L3140	Abduction rotation bar shoe		NO		NO			\$60.69	

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1267	L3150	Abduction rotation bar w/o shoe		NO		NO			\$55.49	
1268	L3160	Shoe styled postioning device		NO		NO			\$159.84	PA removed eff. 8/1/10
1269	L3170	Foot plastic heel stablizer		NO		NO			\$34.69	
1270	L3201	Oxford w supinator/pronator inf each	Y/ 12 months	YES		NO			\$51.28	
1271	L3202	Oxford w supinator/pronator child each	Y/ 12 months	YES		NO			\$80.00	
1272	L3203	Oxford w supinator/pronator jun each	Y/ 12 months	YES		NO			\$73.47	
1273	L3204	Hightop w supp/pronator infant each	Y/ 12 months	YES		NO			\$67.08	
1274	L3206	Hightop w supp/pronator child each	Y/ 12 months	YES		NO			\$72.41	
1275	L3207	Hightop w supp/pronator junior each	Y/ 12 months	YES		NO			\$76.66	
1276	L3208	Surgical boot, each infant	Y/ 12 months	YES		NO			\$54.31	
1277	L3209	Surgical boot, each child	Y/ 12 months	YES		NO			\$28.75	

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1278	L3211	Surgical boot, each junior	Y/ 12 months	YES		NO			\$35.60	
1279	L3212	Benesch boot pair infant	Y/ 12 months	YES		NO			\$56.43	
1280	L3213	Benesch boot pair child	Y/ 12 months	YES		NO			\$61.75	
1281	L3214	Benesch boot pair junior	Y/ 12 months	YES		NO			\$67.08	
1282	L3215	Orthopedic ftwear ladies oxf each	Y/ 12 months	YES		NO			\$78.94	
1283	L3216	Orthopedic ftwear ladies depth each	Y/ 12 months	YES		NO			\$118.67	
1284	L3217	Ladies shoes hightop depth each	Y/ 12 months	YES		NO			\$92.40	
1285	L3219	Orthopedic mens shoes oxford each	Y/ 12 months	YES		NO			\$90.80	
1286	L3221	Orthopedic mens shoes dpth each	Y/ 12 months	YES		NO			\$151.75	
1287	L3222	Mens shoes hightop depth inl each	Y/ 12 months	YES		NO			\$111.86	

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1288	L3224	Woman's shoe oxford brace each	Y/ 12 months	YES		NO			\$42.22	
1289	L3225	Man's shoe oxford brace each	Y/ 12 months	YES		NO			\$48.57	
1290	L3230	Custom shoes depth inlay each	Y/ 12 months	YES		NO			\$308.31	
1291	L3250	Custom mold shoe remov prost each	Y/ 12 months	YES		NO			\$231.77	
1292	L3251	Shoe molded to pt silicone s each	Y/ 12 months	YES		NO			\$280.14	
1293	L3252	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			\$210.21	
1294	L3253	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			\$99.94	
1295	L3254	Orth foot non-std size/w	Y/ 12 months	YES		NO			\$149.07	
1296	L3255	Orth foot non-std size/w	Y/ 12 months	YES		NO			\$42.59	
1297	L3257	Orth foot add charge split	Y/ 12 months	YES		NO			\$95.83	
1298	L3260	Ambulatory surgical boot each		NO		NO			\$22.03	

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1299	L3265	Plastazole sandal each		NO		NO			\$25.00	
1300	L3300	Lift, Elevation Heel, Tapered to Metata		NO		NO			\$44.00	
1301	L3310	Shoe lift elev heel/sole neo		NO		NO			\$61.84	rate change 08/01/2007; PA ended eff. 12-1- 09
1302	L3320	shoe lift elev heel/sole cor		NO		NO			\$67.38	PA ended eff. 12-1-09
1303	L3330	Lift elevation, metal extension, (skate) each	YES	YES		NO			\$515.21	Added effective 7- 1-10 with M pricing; rate set 11-1-10
1304	L3332	Shoe lift inside tapered up to 1/2 inch		NO		NO			\$51.16	former rate \$45.00 change eff. 1/15/08; PA ended eff. 12-1-09
1305	L3334	Shoe, lift elevation, heel, per inch, each		NO		NO			\$26.74	PA removed eff. 8/1/10

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1306	L3340	shoe wedge sach		NO		NO			\$59.73	PA removed 12/09
1307	L3350	shoe sole wedge		NO		NO			\$16.05	PA ended eff. 12-1-09
1308	L3360	shoe sole wedge outside sole		NO		NO			\$24.96	PA ended eff. 12-1-09
1309	L3370	shoe sole wedge between sole		NO		NO			\$34.77	PA ended eff. 12-1-09
1310	L3380	shoe clubfoot wedge		NO		NO			\$34.77	PA ended eff. 12-1-09
1311	L3390	shoe outflare wedge		NO		NO			\$39.04	PA ended eff. 12-1-09
1312	L3400	shoe metatarsal bar wedge		NO		NO			\$28.53	PA ended eff. 12-1-09
1313	L3410	shoe metatarsal bar between		NO		NO			\$65.07	PA ended eff. 12-1-09
1314	L3420	full sole/heel wedge btween		NO		NO			\$38.33	PA ended eff. 12-1-09
1315	L3430	shoe heel count plast reinforc		NO		NO			\$112.32	PA ended eff. 12-1-09

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1316	L3440	heel leather reinforced		NO		NO			\$53.49	PA ended eff. 12-1-09
1317	L3450	shoe heel sach cushion type		NO		NO			\$73.99	PA ended eff. 12-1-09
1318	L3455	shoe heel new leather standard		NO		NO			\$32.04	PA ended eff. 12-1-09
1319	L3460	shoe heel new rubber standard		NO		NO			\$27.02	PA ended eff. 12-1-09
1320	L3465	shoe heel thomas with wedge		NO		NO			\$41.01	PA ended eff. 12-1-09
1321	L3470	shoe heel thomas extend to B		NO		NO			\$43.68	PA ended eff. 12-1-09
1322	L3480	shoe heel pad & depress for		NO		NO			\$43.68	PA ended eff. 12-1-09
1323	L3485	shoe heel pad removeable for		NO		NO			\$19.00	PA ended eff. 12-1-09
1324	L3500	ortho shoe add leather insol		NO		NO			\$20.50	PA ended eff. 12-1-09
1325	L3510	orthopedic shoe add rub insl		NO		NO			\$20.50	PA ended eff. 12-1-09

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1326	L3520	ortho shoe add felt w leather insol		NO		NO			\$22.29	PA ended eff. 12-1-09
1327	L3530	ortho shoe add half sole		NO		NO			\$22.29	PA ended eff. 12-1-09
1328	L3540	ortho shoe add full sole		NO		NO			\$35.66	PA ended eff. 12-1-09
1329	L3550	ortho shoe add standard toe tap		NO		NO			\$7.01	PA ended eff. 12-1-09
1330	L3560	ortho shoe add horseshoe toe tap		NO		NO			\$18.02	PA ended eff. 12-1-09
1331	L3570	ortho shoe add instep extension		NO		NO			\$67.06	PA ended eff. 12-1-09
1332	L3580	ortho shoe add instep velcro clos		NO		NO			\$51.04	PA ended eff. 12-1-09
1333	L3590	ortho shoe convert firm to soft count		NO		NO			\$42.04	PA ended eff. 12-1-09
1334	L3595	ortho shoe add march bar		NO		NO			\$30.56	PA ended eff. 12-1-09
1335	L3600	Trans shoe calip plate exist		NO		NO			\$60.06	
1336	L3610	Trans shoe caliper plate new		NO		NO			\$79.08	
1337	L3620	Trans shoe solid stirrup existing		NO		NO			\$60.06	

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1338	L3630	Trans shoe solid stirrup new		NO		NO			\$79.08	
1339	L3640	Shoe Dennis Browne splint both		NO		NO			\$34.03	
1340	L3649	orthopedic shoe modification NOS	Y/12 months	YES		NO			M	
1341	L3650	Shlder fig 8 abduct restrain		NO		NO			\$42.06	
1342	L3660	Abduct restrainer canvas&web		NO		NO			\$72.21	
1343	L3670	Acromio/clavicular canvas&we		NO		NO			\$100.66	
1344	L3671	Shoulder othosis, cap design w/o joints	Y/12 months	YES		NO			\$623.06	added to fee schedule7/26/07
1345	L3675	Canvas vest SO		NO		NO			\$123.30	
1346	L3702	elbow orthosis w/o joints, may include soft interface, straps, custom fabricated incl. fitting & adj.	Y/12 months	YES		NO			M	added to fee schedule03/08 with effective DOS 5/1/07
1347	L3710	Elbow elastic with metal joi		NO		NO			\$101.87	
1348	L3720	Forearm/arm cuffs free motio	Y/ 12 months	YES		NO			\$508.23	
1349	L3730	Forearm/arm cuffs ext/flex a	Y/ 12 months	YES		NO			\$669.04	
1350	L3740	Cuffs adj lock w/ active con	Y/ 12 months	YES		NO			\$751.88	

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1351	L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj		NO		NO			\$335.71	PA removed eff. 8/1/10
1352	L3762	Elbow orthosis rigid, w/o joints, prefab, soft interface, incl. Fitting/adj.		NO		NO			\$63.37	
1353	L3763	elbow wrist hand orthosis rigid w/o joints custom fab incl. fitting & adj.	Y/12 months	YES		NO			\$501.18	code added to fee schedule 10/12/07 former rate \$886.65 change eff. 1/15/08
1354	L3806	WHFO, incl. 1 or more nontorsion joints. Custom	Y/12 months	YES		NO			\$376.35	code added to fee schedule 01/02/2007; rate set eff. 1/15/08 rate adj. 8/1/08 from \$286.74; rate change eff. DOS 4/1/09; former rate purchase \$517.69

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1355	L3807	WHFO w/o joints, prefab includes fitting and adjustments any type		NO		NO			\$175.69	
1356	L3808	WHFO, rigid w/o joints, custom,	Y/12 months	YES		NO			\$276.74	rate set 08/01/2007; rate adj. 8/1/08 from \$195.15; rate change 3/1/10 from \$488.89
1357	L3891	Addt. to upper ext. joint, wrist, or elbow, custom fabricated only, each	Y/12 minths	YES		NO				CMS added 1/1/2010
1358	L3900	Hinge extension/flex wrist/f	Y/ 12 months	YES		NO			\$1,097.63	
1359	L3901	Hinge ext/flex wrist finger	Y/ 12 months	YES		NO			\$1,230.73	
1360	L3904	Whfo electric custom fitted	Y/ 12 months	YES		NO			\$2,505.44	

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1361	L3905	wrist/hand orthosis custom	Y/12 months	YES		NO			\$301.89	code added to fee schedule 04/02/2007 rate set 08/01/2007; rate adj. eff. 8/1/08 from \$685.74
1362	L3906	Wrist hand orthosis, w/o joints, custom	Y/12 months	YES		NO			\$296.41	
1363	L3907	Whfo wrist gauntlt thmb spica							CMS DC	1/08
1364	L3908	Wrist cock-up non-molded		NO		NO			\$42.10	
1365	L3912	Flex glove w/elastic finger		NO		NO			\$67.55	
1366	L3913	Hand finger orthosis, w/o joints, may include soft interface, straps, custom fabricated, incl fitting & adjustment, each	Y/12 months	YES		NO			\$170.97	added to fee schedule 8-8-08 for DOS 4-1-08 and after
1367	L3915	WHFO, rigid with 1 or more joints, prefab,		NO		NO			\$367.58	PA removed eff. 8/1/10
1368	L3917	hand orthosis, metacarpal fracture orthosis, prefab, incl fitting and adj.		NO		NO			\$62.25	

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1369	L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj		NO		NO			\$54.91	former rate \$27.35 change eff. 1/15/08
1370	L3925	Finger orthosis, PIP/DIP, non-torsion joint/spring, ext./flex., pre-fab, incl fitting & adj., each		NO		NO			\$33.35	CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1371	L3927	Finger orthosis, PIP/DIP, non-torsion w/o joint/spring, ext./flex., pre-fab, incl fitting & adj., each				NO			\$22.09	CMS code addition 1/08; rate set 8/1/08; PA removed
1372	L3929	Hand finger orthosis, incl. 1 or more nontorsion joints, turnbuckles, elastic bands/spring, straps, pre-fab, incl. fitting & adj., each		NO		NO			\$53.14	CMS code addition 1/08 rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.

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1373	L3931	Wrist, hand, finger orthosis, incl. 1 or more nontorsion joints, turnbuckles, elastic bands/springs, straps, pre-fab, incl. fitting & adj., each		NO		NO			\$128.55	CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1374	L3933	Finger orthosis, w/o joints, may include soft interface, custom fabricated, incl. fitting & adjustment, each	Y/12 months	YES		NO			\$176.79	code added 5/10
1375	L3956	addt. Of joint to upper ext orth. any material, per joint	Y/12 months	YES		NO			M	4/2/2007
1376	L3960	Sewho airplan desig abdu pos	Y/ 12 months	YES		NO			\$579.15	
1377	L3962	Sewho erbs palsey design abd	Y/ 12 months	YES		NO			\$603.04	
1378	L3964	Seo mobile arm sup att to wc	Y/ 12 months	YES		Y/ month	YES	\$59.42	\$594.21	
1379	L3965	Arm supp att to wc rancho ty	Y/ 12 months	YES		Y/ month	YES	\$94.82	\$948.19	

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1380	L3966	Mobile arm supports reclinin	Y/ 12 months	YES		Y/ month	YES	\$63.21	\$632.12	
1381	L3968	Friction dampening arm supp	Y/ 12 months	YES		Y/ month	YES	\$87.87	\$878.65	
1382	L3969	Monosuspension arm/hand supp	Y/ 12 months	YES		Y/ month	YES	\$63.21	\$632.12	
1383	L3970	Elevat proximal arm support		NO		NO			\$252.86	
1384	L3971	SEHWO, shoulder cap design, custom fabricated	Y/12 months	YES		NO			\$1,248.33	code added to fee schedule01/02/20 07
1385	L3972	Offset/lat rocker arm w/ ela		NO		NO			\$160.79	
1386	L3974	Mobile arm support supinator		NO		NO			\$128.59	
1387	L3980	Upp ext fx orthosis humeral		NO		NO			\$217.21	
1388	L3982	Upper ext fx orthosis rad/ul		NO		NO			\$268.36	
1389	L3984	Upper ext fx orthosis wrist		NO		NO			\$286.46	
1390	L3995	Add. To upper ext. sock, fracture, or equal, each		NO		NO			\$24.05	
1391	L3999	Upper limb orthosis, not otherwise specified	Y/ 12 months	YES		NO			M	

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1392	L4000	Repl girdle milwaukee orth	Y/ 12 months	YES		NO			\$936.66	
1393	L4002	Replacement strap, any orthosis, includes all components, any lgth., any type	Y/12months	YES		NO			M	
1394	L4010	Replace trilateral socket brim	Y/ 12 months	YES		NO			\$527.10	
1395	L4020	Replace quadlat socket brim	Y/ 12 months	YES		NO			\$658.39	
1396	L4030	Replace socket brim cust fit	Y/ 12 months	YES		NO			\$362.50	
1397	L4040	Replace molded thigh lacer	Y/ 12 months	YES		NO			\$293.09	
1398	L4045	Replace non-molded thigh lac		NO		NO			\$235.52	
1399	L4050	Replace molded calf lacer	Y/ 12 months	YES		NO			\$296.42	
1400	L4055	Replace non-molded calf lace		NO		NO			\$191.94	
1401	L4060	Replace high roll cuff		NO		NO			\$228.18	
1402	L4070	Replace prox & dist upright		NO		NO			\$217.71	
1403	L4080	Repl met band kafo-afo prox		NO		NO			\$76.74	
1404	L4090	Repl met band kafo-afo calf/		NO		NO			\$67.93	

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1405	L4100	Repl leath cuff kafo prox th		NO		NO			\$76.62	
1406	L4110	Repl leath cuff kafo-afo cal		NO		NO			\$60.89	
1407	L4130	Replace pretibial shell		NO		NO			\$419.07	PA removed eff. 8/1/10
1408	L4205	Repair orthotic device per 15 min labor	Y/12 months if PA required	YES > \$500		NO			\$10.00	PA requirement raised eff 8/1/10
1409	L4210	repair or replace minor parts	Y/12 months if PA required	YES > \$500		NO			\$32.03	PA requirement raised eff 8/1/10
1410	L4350	Pneumatic ankle cntrl splint		NO		NO			\$75.50	
1411	L4360	Pneumatic walking splint		NO		NO			\$211.22	
1412	L4370	Pneumatic full leg splint		NO		NO			\$135.55	
1413	L4380	Pneumatic knee splint		NO		NO			\$83.11	
1414	L4386	Non-pneumatic walking boot		NO		NO			\$109.98	former rate \$83.11 change eff. 1/15/08
1415	L4394	Replacement Foot Drop Splint		NO		NO			\$13.13	
1416	L4396	Static AFO		NO		NO			\$129.57	
1417	L4398	Foot drop splint recumbent		NO		NO			\$59.63	

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1418	L5000	Sho insert w arch toe filler	Y/ 12 months	YES		NO			\$404.82	
1419	L5010	Mold socket ank hgt w/ toe f	Y/ 12 months	YES		NO			\$977.72	
1420	L5020	Tibial tubercle hgt w/ toe f	Y/ 12 months	YES		NO			\$1,660.43	
1421	L5050	Ank symes mold sckt sach ft	Y/ 12 months	YES		NO			\$1,836.74	
1422	L5060	Symes met fr leath socket ar	Y/ 12 months	YES		NO			\$2,112.77	
1423	L5100	Molded socket shin sach foot	Y/ 12 months	YES		NO			\$1,840.79	
1424	L5105	Plast socket jts/thgh lacer	Y/ 12 months	YES		NO			\$2,657.36	
1425	L5150	Mold sckt ext knee shin sach	Y/ 12 months	YES		NO			\$2,686.23	
1426	L5160	Mold socket bent knee shin s	Y/ 12 months	YES		NO			\$2,921.76	
1427	L5200	Knee sing axis fric shin sach	Y/ 12 months	YES		NO			\$2,797.99	

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1428	L5210	No knee/ankle joints w/ ft b	Y/ 12 months	YES		NO			\$1,856.19	
1429	L5220	No knee joint with artic ali	Y/ 12 months	YES		NO			\$2,109.89	
1430	L5230	Fem focal defic constant fri	Y/ 12 months	YES		NO			\$2,909.97	
1431	L5250	Hip canadian sing axi cons fric	Y/ 12 months	YES		NO			\$3,968.93	
1432	L5270	Tilt table locking hip sing	Y/ 12 months	YES		NO			\$3,951.32	
1433	L5280	Hemipelvect canadian sing axis	Y/ 12 months	YES		NO			\$3,921.05	
1434	L5301	Below Knee molded socket, shin each foot, endosketal system	Y/ 12 months	YES		NO			\$2,205.98	
1435	L5311	Knee disarticulation , molded socket, external knee joints, shin,sach foot endo	Y/ 12 months	YES		NO			\$2,964.15	rate change 08/01/2007
1436	L5321	Above Knee, molded socket, open end, sach foot, endoskelttal system, single axis knee	Y/ 12 months	YES		NO			\$3,197.63	

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1437	L5331	Hip disarticulation, Canadian type, molded socket endoskeletal system, hip joint, single	Y/ 12 months	YES		NO			\$3,824.67	rate change 08/01/2007
1438	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal hip joint single axis knee	Y/ 12 months	YES		NO			\$3,981.49	rate change 08/01/2007
1439	L5400	Postop dress & 1 cast chg bk	Y/ 12 months	YES		NO			\$1,041.72	
1440	L5410	Postop dsg bk ea add cast ch	Y/ 12 months	YES		NO			\$319.61	
1441	L5420	Postop dsg & 1 cast chg ak/d	Y/ 12 months	YES		NO			\$1,276.60	
1442	L5430	Postop dsg ak ea add cast ch	Y/ 12 months	YES		NO			\$384.93	
1443	L5450	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			\$313.15	
1444	L5460	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			\$417.21	
1445	L5500	Init bk ptb plaster direct	Y/ 12 months	YES		NO			\$982.44	

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1446	L5505	Init ak ischal plstr direct	Y/ 12 months	YES		NO			\$1,358.73	
1447	L5510	Prep BK ptb plaster molded	Y/ 12 months	YES		NO			\$1,113.65	
1448	L5520	Perp BK ptb thermopls direct	Y/ 12 months	YES		NO			\$1,100.03	
1449	L5530	Prep BK ptb thermopls molded	Y/ 12 months	YES		NO			\$1,321.24	
1450	L5535	Prep BK ptb open end socket	Y/ 12 months	YES		NO			\$1,279.19	
1451	L5540	Prep BK ptb laminated socket	Y/ 12 months	YES		NO			\$1,384.52	
1452	L5560	Prep AK ischial plast molded	Y/ 12 months	YES		NO			\$1,486.72	
1453	L5570	Prep AK ischial direct form	Y/ 12 months	YES		NO			\$1,545.67	
1454	L5580	Prep AK ischial thermo mold	Y/ 12 months	YES		NO			\$1,804.46	
1455	L5585	Prep AK ischial open end	Y/ 12 months	YES		NO			\$2,220.69	

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1456	L5590	Prep AK ischial laminated	Y/ 12 months	YES		NO			\$1,838.87	
1457	L5595	Hip disartic sac thermopls	Y/ 12 months	YES		NO			\$3,248.61	
1458	L5600	Hip disartic sac laminat mold	Y/ 12 months	YES		NO			\$3,492.11	
1459	L5610	Above knee hydracandence	Y/ 12 months	YES		NO			\$1,583.72	
1460	L5611	Ak 4 bar link w/fric swing	Y/ 12 months	YES		NO			\$1,232.45	
1461	L5613	Ak 4 bar ling w/hydraul swig	Y/ 12 months	YES		NO			\$1,926.89	
1462	L5614	4-bar link above knee w/swng	Y/ 12 months	YES		NO			\$1,305.33	
1463	L5616	Ak univ multiplex sys frict	Y/ 12 months	YES		NO			\$1,041.28	
1464	L5617	AK/BK self-aligning unit ea		NO		NO			\$432.81	PA removed eff 8/1/10
1465	L5618	Test socket symes	Y/12 months	NO		NO			\$228.97	PA removed effective 8-1-08.
1466	L5620	Test socket below knee		NO		NO			\$212.67	

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1467	L5622	Test socket knee disarticula		NO		NO			\$277.31	
1468	L5624	Test socket above knee		NO		NO			\$278.10	
1469	L5626	Test socket hip disarticulat		NO		NO			\$364.71	PA removed eff 8/1/10
1470	L5628	Test socket hemipelvectomy		NO		NO			\$389.97	PA removed eff 8/1/10
1471	L5629	Below knee acrylic socket		NO		NO			\$243.10	
1472	L5630	Syme typ expandabl wall sckt		NO		NO			\$343.30	PA removed eff 8/1/10
1473	L5631	Ak/knee disartic acrylic soc		NO		NO			\$336.10	PA removed eff 8/1/10
1474	L5632	Symes type ptb brim design s		NO		NO			\$187.58	
1475	L5634	Symes type poster opening so		NO		NO			\$232.68	
1476	L5636	Symes type medial opening so		NO		NO			\$194.91	
1477	L5637	Below knee total contact		NO		NO			\$220.98	
1478	L5638	Below knee leather socket		NO		NO			\$384.95	PA removed eff 8/1/10
1479	L5639	Below knee wood socket	Y/ 12 months	YES		NO			\$857.64	
1480	L5640	Knee disarticulat leather so		NO		NO			\$489.13	PA removed eff 8/1/10

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1481	L5642	Above knee leather socket		NO		NO			\$473.93	PA removed eff 8/1/10
1482	L5643	Hip flex inner socket ext fr	Y/ 12 months	YES		NO			\$1,190.58	
1483	L5644	Above knee wood socket		NO		NO			\$451.81	PA removed eff 8/1/10
1484	L5645	Ak flexibl inner socket ext	Y/ 12 months	YES		NO			\$610.34	
1485	L5646	Below knee air cushion socket		NO		NO			\$419.12	PA removed eff 8/1/10
1486	L5647	Below knee suction socket	Y/ 12 months	YES		NO			\$608.48	
1487	L5648	Above knee air cushion socket	Y/ 12 months	YES		NO			\$503.62	
1488	L5649	Isch containmt/narrow m-l so	Y/ 12 months	YES		NO			\$1,824.88	
1489	L5650	Tot contact ak/knee disart s		NO		NO			\$373.43	PA removed eff 8/1/10
1490	L5651	Ak flex inner socket ext fra	Y/ 12 months	YES		NO			\$918.63	

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1491	L5652	Suction susp ak/knee disart		NO		NO			\$333.50	PA removed eff 8/1/10
1492	L5653	Knee disart expand wall sock		NO		NO			\$445.19	PA removed eff 8/1/10
1493	L5654	Socket insert symes		NO		NO			\$253.68	
1494	L5655	Socket insert below knee		NO		NO			\$214.98	
1495	L5656	Socket insert knee articulat		NO		NO			\$288.41	
1496	L5658	Socket insert above knee		NO		NO			\$278.13	
1497	L5661	Multi-durometer symes		NO		NO			\$465.50	PA removed eff 8/1/10
1498	L5665	Multi-durometer below knee		NO		NO			\$391.67	PA removed eff 8/1/10
1499	L5666	Below knee cuff suspension		NO		NO			\$53.55	
1500	L5668	Socket insert w/o lock lower		NO		NO			\$86.37	
1501	L5670	Bk molded supracondylar susp	Y/12 months	YES		NO			\$207.57	
1502	L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism		NO		NO			\$432.87	PA removed eff 8/1/10
1503	L5672	Bk removable medial brim sus		NO		NO			\$228.10	PA removed eff 12/09

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1504	L5673	below knee/above knee socket insert, silicone gel or elastomeric w/locking mech, custom	Y/ 12 months	YES		NO			\$456.19	
1505	L5676	Bk knee joints single axis pair		NO		NO			\$277.19	PA removed eff 8/1/10
1506	L5677	Bk knee joints polycentric pair		NO		NO			\$377.16	PA removed eff 8/1/10
1507	L5678	Bk joint covers pair	Y/ 12 months	NO		NO			\$30.37	
1508	L5679	below knee/above knee socket insert, silicone gel or elastomeric no locking mech, custom	Y/ 12 months	YES		NO			\$380.15	
1509	L5680	Bk thigh lacer non-molded		NO		NO			\$253.53	
1510	L5681	below knee/above knee, custom fab. Socket inset initial only for cong. Or atypical	Y/12 months	YES		NO			\$853.43	
1511	L5682	Bk thigh lacer glut/ischia molded	Y/ 12 months	YES		NO			\$478.39	
1512	L5683	below knee/above knee, custom fab, socket inset, initial only not cong.or atypical	Y/ 12 months	YES		NO			\$853.43	

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1513	L5684	Bk fork strap		NO		NO			\$36.81	
1514	L5685	Addt. To lower ext. orthosis, below knee, susp./sealing sleeve, any mat. Each		NO		NO			\$93.48	rate set 01/02/2007
1515	L5686	below knee back check extension control		NO		NO			\$39.08	
1516	L5688	Bk waist belt webbing		NO		NO			\$46.72	
1517	L5690	Bk waist belt padded and lin		NO		NO			\$74.85	
1518	L5692	Ak pelvic control belt light		NO		NO			\$101.64	
1519	L5694	Ak pelvic control belt pad/l		NO		NO			\$138.77	
1520	L5695	Ak sleeve susp neoprene/equa		NO		NO			\$128.11	
1521	L5696	Ak/knee disartic pelvic join		NO		NO			\$141.54	
1522	L5697	Ak/knee disartic pelvic band		NO		NO			\$61.41	
1523	L5698	Ak/knee disartic silesian ba		NO		NO			\$100.41	
1524	L5699	Shoulder harness		NO		NO			\$180.89	
1525	L5700	Replace socket below knee	Y/ 12 months	YES		NO			\$2,191.70	
1526	L5701	Replace socket above knee	Y/ 12 months	YES		NO			\$2,632.07	
1527	L5702	Replace socket hip	Y/ 12 months	YES		NO			\$3,329.96	

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1528	L5704	Custom shape covr below knee	Y/ 12 months	YES		NO			\$410.01	
1529	L5705	Custom shape cover above knee	Y/ 12 months	YES		NO			\$732.61	
1530	L5706	Custom shape cvr knee disart	Y/ 12 months	YES		NO			\$718.17	
1531	L5707	Custom shape cover hip disart	Y/ 12 months	YES		NO			\$946.80	
1532	L5710	Kne-shin exo sng axi mnl loc		NO		NO			\$286.07	PA removed 12/09
1533	L5711	Knee-shin exo mnl lock ultra		NO		NO			\$399.82	PA removed eff 8/1/10
1534	L5712	Knee-shin exo frict swg & st		NO		NO			\$335.03	PA removed eff 8/1/10
1535	L5714	Knee-shin exo variable frict		NO		NO			\$344.12	PA removed eff 8/1/10
1536	L5716	Knee-shin exo mech stance ph	Y/ 12 months	YES		NO			\$557.52	
1537	L5718	Knee-shin exo frct swg & sta	Y/ 12 months	YES		NO			\$696.84	

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1538	L5722	Knee-shin pneum swg frct exo	Y/ 12 months	YES		NO			\$736.18	
1539	L5724	Knee-shin exo fluid swing ph	Y/ 12 months	YES		NO			\$1,154.61	
1540	L5726	Knee-shin ext jnts fld swg e	Y/ 12 months	YES		NO			\$1,330.67	
1541	L5728	Knee-shin fluid swg & stance	Y/ 12 months	YES		NO			\$1,820.17	
1542	L5780	Knee-shin pneum/hydra pneum	Y/ 12 months	YES		NO			\$875.78	
1543	L5781	Addt. to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Y/ 12 months	YES		NO				M added 1/1/09
1544	L5782	Addt. To lower leg prosth. Vacuum	Y/12 months	YES		NO			\$3,211.21	added to fee schedule 01/02/2007 rate set 08/01/2007
1545	L5785	Exoskeletal bk ultralt mater		NO		NO			\$492.30	PA removed eff 8/1/10

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1546	L5790	Exoskeletal ak ultra-light m	Y/ 12 months	YES		NO			\$550.01	
1547	L5795	Exoskel hip ultra-light mate	Y/ 12 months	YES		NO			\$1,095.08	
1548	L5810	Endoskel knee-shin mnl lock		NO		NO			\$372.42	PA removed eff 8/1/10
1549	L5811	Endo knee-shin mnl lck ultra	Y/ 12 months	YES		NO			\$557.88	
1550	L5812	Endo knee-shin frct swg & st		NO		NO			\$432.41	PA removed eff 8/1/10
1551	L5814	Endo knee-shin hydal swg ph	Y/ 12 months	YES		NO			\$2,872.88	
1552	L5816	Endo knee-shin polyc mch sta	Y/ 12 months	YES		NO			\$654.45	
1553	L5818	Endo knee-shin frct swg & st	Y/ 12 months	YES		NO			\$734.59	
1554	L5822	Endo knee-shin pneum swg frc	Y/ 12 months	YES		NO			\$1,302.61	
1555	L5824	Endo knee-shin fluid swing p	Y/ 12 months	YES		NO			\$1,173.08	

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1556	L5826	Miniature knee joint	Y/ 12 months	YES		NO			\$2,415.72	
1557	L5828	Endo knee-shin fluid swg/sta	Y/ 12 months	YES		NO			\$2,160.14	
1558	L5830	Endo knee-shin pneum/swg pha	Y/ 12 months	YES		NO			\$1,451.50	
1559	L5840	Multi-axial knee/shin system	Y/ 12 months	YES		NO			\$2,683.82	
1560	L5845	Knee-shin sys stance flexion	Y/ 12 months	YES		NO			\$1,386.49	
1561	L5848	Knee-shin system dampening feature	Y/ 12 months	YES		NO			\$818.60	rate change
1562	L5850	Endo ak/hip knee extens assi		NO		NO			\$97.86	08/01/2007
1563	L5855	Mech hip extension assist	Y/12 months	NO		NO			\$262.95	
1564	L5856	Addt. To lower ext. prosthesis, knee shin sys.,microprocessor, incl. Sensor , any type	Y/12 months	PA YES Requires Departme nt Review		NO			\$17,521.83	

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1565	L5857	Addt. To lower ext. prosth., swing phase only knee shin sys.,micro, incl. Sensor , any type	Y/12 months	PA YES Requires Departme nt Review		NO			\$6,217.38	
1566	L5859	KNEE-SHIN PRO, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	Y/12 MONTHS	PA YES Requires Departme nt Review		NO				CMS ADDED M 1/1/13
1567	L5858	Addt. To lower ext. prosth, knee shin sys.,micro, incl. Sens , stance phase	Y/12 months	PA YES Requires Departme nt Review		NO			\$13,565.30	
1568	L5910	Addt. Endoskeleton, below knee, alignable system		NO		NO			\$277.04	
1569	L5920	Endo ak/hip alignable system		NO		NO			\$405.87	PA removed eff 8/1/10
1570	L5925	Above knee manual lock		NO		NO			\$342.70	PA removed eff 8/1/10

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1571	L5930	High activity knee frame	Y/ 12 months	YES		NO			\$2,603.69	
1572	L5940	Endo bk ultra-light material		NO		NO			\$383.70	PA removed eff 8/1/10
1573	L5950	Endo ak ultra-light material	Y/ 12 months	YES		NO			\$599.95	
1574	L5960	Endo hip ultra-light materia	Y/ 12 months	YES		NO			\$737.43	
1575	L5962	Below knee flex cover system		NO		NO			\$485.31	PA removed eff 8/1/10
1576	L5964	addt. Endoskeleton above knee, flexible protective outer surface	Y/ 12 months	YES		NO			\$643.61	code active 8/1/07 rate set 1/15/08
1577	L5966	Hip flexible cover system	Y/ 12 months	YES		NO			\$912.85	
1578	L5968	Multiaxial ankle w dorsiflex	Y/ 12 months	YES		NO			\$2,811.03	
1579	L5970	Foot external keel sach foot		NO		NO			\$155.35	
1580	L5971	All lower extremity prosthesis, SACH foot, replacement only		NO		NO			\$183.19	code added 6/09 eff. Date 1/1/09
1581	L5972	Flexible keel foot		NO		NO			\$290.18	

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1582	L5973	Endoskeletal ankle foot system, microprocessor, incl. power source	Y/12 months	YES		NO			M	CMS added 1/1/10
1583	L5974	Foot single axis ankle/foot		NO		NO			\$178.25	
1584	L5975	Combo ankle/foot prosthesis		NO		NO			\$358.62	PA removed eff 8/1/10
1585	L5976	Energy storing foot	Y/ 12 months	YES		NO			\$428.39	
1586	L5978	Ft prosth multiaxial ankl/ft		NO		NO			\$223.23	
1587	L5979	Multi-axial ankle/ft prosth	Y/ 12 months	YES		NO			\$1,745.41	
1588	L5980	Flex foot system	Y/ 12 months	YES		NO			\$2,836.17	
1589	L5981	Flex-walk sys low ext prosth	Y/ 12 months	YES		NO			\$2,291.24	
1590	L5982	Exoskeletal axial rotation		NO		NO			\$442.22	PA removed eff 8/1/10
1591	L5984	Endoskeletal axial rotation, w/wo adjustability		NO		NO			\$435.77	PA removed eff 8/1/10
1592	L5985	Lwr ext dynamic prosth pylon		NO		NO			\$218.43	
1593	L5986	Multi-axial rotation unit		NO		NO			\$484.73	PA removed eff 8/1/10

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1594	L5987	Shank ft w vert load pylon	Y/ 12 months	YES		NO			\$5,564.74	
1595	L5988	Vertical shock reducing pylo	Y/ 12 months	YES		NO			\$1,545.31	
1596	L5990	addt. To lower ext. user adj. ht	Y/12 months	YES		NO			\$1,381.13	07/02/2007 code added rate set 08/01/2007
1597	L5999	Lower extremity prosthesis, NOC	Y/12 months	YES		NO				eff DOS 7/1/10 M and after
1598	L6000	Par hand robin-aids thum rem	Y/ 12 months	YES		NO			\$1,016.37	
1599	L6010	Hand robin-aids little/ring	Y/ 12 months	YES		NO			\$1,131.05	
1600	L6020	Part hand robin-aids no fing	Y/ 12 months	YES		NO			\$1,054.53	
1601	L6050	Wrst MLd sock flx hng tri pad	Y/ 12 months	YES		NO			\$1,453.10	
1602	L6055	Wrst mold sock w/exp interfa	Y/ 12 months	YES		NO			\$2,025.24	
1603	L6100	Elb mold sock flex hinge pad	Y/ 12 months	YES		NO			\$1,472.21	

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1604	L6110	Elbow mold sock suspension t	Y/ 12 months	YES		NO			\$1,561.53	
1605	L6120	Elbow mold doub splt soc ste	Y/ 12 months	YES		NO			\$1,819.73	
1606	L6130	Elbow stump activated lock h	Y/ 12 months	YES		NO			\$1,980.21	
1607	L6200	Elbow mold outsid lock hinge	Y/ 12 months	YES		NO			\$2,086.82	
1608	L6205	Elbow molded w/ expand inter	Y/ 12 months	YES		NO			\$2,785.58	
1609	L6250	Elbow inter loc elbow forarm	Y/ 12 months	YES		NO			\$2,186.51	
1610	L6300	Shlder disart int lock elbow	Y/ 12 months	YES		NO			\$2,849.88	
1611	L6310	Shoulder passive restor comp	Y/ 12 months	YES		NO			\$2,460.73	
1612	L6320	Shoulder passive restor cap	Y/ 12 months	YES		NO			\$1,344.26	
1613	L6350	Thoracic intern lock elbow	Y/ 12 months	YES		NO			\$2,996.21	

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1614	L6360	Thoracic passive restor comp	Y/ 12 months	YES		NO			\$2,694.62	
1615	L6370	Thoracic passive restor cap	Y/ 12 months	YES		NO			\$1,612.38	
1616	L6380	Postop dsg cast chg wrst/elb	Y/ 12 months	YES		NO			\$934.33	
1617	L6382	Postop dsg cast chg elb dis/	Y/ 12 months	YES		NO			\$1,405.68	
1618	L6384	Postop dsg cast chg shlder/t	Y/ 12 months	YES		NO			\$1,944.59	
1619	L6386	Postop ea cast chg & realign		NO		NO			\$307.19	PA removed eff 8/1/10
1620	L6388	Postop applicat rigid dsg on		NO		NO			\$336.28	PA removed eff 8/1/10
1621	L6400	Below elbow prosth tiss shap	Y/ 12 months	YES		NO			\$1,774.96	
1622	L6450	Elb disart prosth tiss shap	Y/ 12 months	YES		NO			\$2,371.31	
1623	L6500	Above elbow prosth tiss shap	Y/ 12 months	YES		NO			\$2,480.88	

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1624	L6550	Shldr disar prosth tiss shap	Y/ 12 months	YES		NO			\$2,982.06	
1625	L6570	Scap thorac prosth tiss shap	Y/ 12 months	YES		NO			\$3,348.04	
1626	L6580	Wrist/elbow bowden cable mol	Y/ 12 months	YES		NO			\$1,278.22	
1627	L6582	Wrist/elbow bowden cbl dir f	Y/ 12 months	YES		NO			\$1,157.71	
1628	L6584	Elbow fair lead cable molded	Y/ 12 months	YES		NO			\$1,815.60	
1629	L6586	Elbow fair lead cable dir fo	Y/ 12 months	YES		NO			\$1,699.10	
1630	L6588	Shdr fair lead cable molded	Y/ 12 months	YES		NO			\$2,232.58	
1631	L6590	Shdr fair lead cable direct	Y/ 12 months	YES		NO			\$2,120.63	
1632	L6600	Polycentric hinge pair		NO		NO			\$143.48	
1633	L6605	Single pivot hinge pair		NO		NO			\$141.67	
1634	L6610	Flexible metal hinge pair		NO		NO			\$136.06	

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1635	L6611	Addt. To upper ext. prosthesis, ext. pwr switch addt.				NO			\$286.13	01/02/2007 code added; rate set 08/01/2007; former rate 131.43; change eff. 1/15/08; PA removed eff 12/09
1636	L6615	Disconnect locking wrist uni		NO		NO			\$146.60	
1637	L6616	Disconnect insert locking wr		NO		NO			\$54.32	
1638	L6620	Flexion-friction wrist unit		NO		NO			\$234.55	
1639	L6623	Spring-asst. rot wrst w/ latch	Y/ 12 months	YES		NO			\$654.24	
1640	L6624	Upper ext. addt. Flex. Ext rotation wrist	Y/12 months	YES		NO			\$2,867.06	01/02/2007 code added rate set 08/01/2007
1641	L6625	Rotation wrst w/ cable lock		NO		NO			\$464.86	PA removed eff 8/1/10
1642	L6628	Quick disconn hook adapter o		NO		NO			\$366.44	PA removed eff 8/1/10
1643	L6629	Lamination collar w/ couplin		NO		NO			\$111.91	

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1644	L6630	Stainless steel any wrist		NO		NO			\$164.86	
1645	L6632	Latex suspension sleeve each		NO		NO			\$57.26	
1646	L6635	Lift assist for elbow		NO		NO			\$134.73	
1647	L6637	Nudge control elbow lock		NO		NO			\$287.38	PA removed 12/09
1648	L6638	upper ext addt. To prosth. Electric locking only for use with manually powered elbow	Y/12 months	YES		NO			\$1,903.77	01/02/2007 code added rate set 08/01/2007
1649	L6640	Shoulder abduction joint pai		NO		NO			\$255.30	PA removed 12/09
1650	L6641	Excursion amplifier pulley t		NO		NO			\$122.71	
1651	L6642	Excursion amplifier lever ty		NO		NO			\$166.33	PA removed 12/09
1652	L6645	Shoulder flexion-abduction joint, each		NO		NO			\$307.03	PA removed eff 8/1/10
1653	L6650	Shoulder universal joint, each		NO		NO			\$318.77	PA removed eff 8/1/10
1654	L6655	Standard control cable extra		NO		NO			\$62.66	
1655	L6660	Heavy duty control cable		NO		NO			\$70.21	
1656	L6665	Teflon or equal cable lining		NO		NO			\$35.23	
1657	L6670	Hook to hand cable adapter		NO		NO			\$38.95	

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1658	L6672	Harness chest/shldr saddle		NO		NO			\$154.58	
1659	L6675	Harness figure of 8 sing con		NO		NO			\$91.86	
1660	L6676	Harness figure of 8 dual con		NO		NO			\$106.19	
1661	L6680	Test sock wrist disart/bel e		NO		NO			\$177.47	
1662	L6682	Test sock elbw disart/above		NO		NO			\$196.22	
1663	L6684	Test socket shldr disart/tho		NO		NO			\$266.63	
1664	L6686	Suction socket	Y/ 12 months	YES		NO			\$602.12	
1665	L6687	Frame typ socket bel ow elbow or wrist		NO		NO			\$441.23	PA removed eff 8/1/10
1666	L6688	Frame typ sock above elbow or elbow disarticulation		NO		NO			\$438.57	PA removed eff 8/1/10
1667	L6689	Frame typ socket shoulder di	Y/ 12 months	YES		NO			\$525.45	
1668	L6690	Frame typ sock interscap-tho	Y/ 12 months	YES		NO			\$572.59	
1669	L6691	Removable insert each		NO		NO			\$265.03	
1670	L6692	Silicone gel insert or equal		NO		NO			\$427.78	PA removed eff 8/1/10
1671	L6693	Locking elbow forearm cntrbal	Y/ 12 months	YES		NO			\$2,196.10	

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1672	L6694	Add. To upper ext. pros.,for use with locking mechanism	Y/ 12 months	YES		NO			\$513.22	rate change 01/02/2007
1673	L6695	Add. To upper ext. pros., not for use with locking mechanism, custom	Y/ 12 months	YES		NO			\$427.67	rate change 01/02/2007
1674	L6696	Add. To upper ext. pros., congenital or atypical traumatic amputees, initial only	Y/ 12 months	YES		NO			\$960.11	rate change 01/02/2007
1675	L6697	Add. To upper ext. pros., other than congenital or traumatic amputees, initial only	Y/ 12 months	YES		NO			\$960.11	rate change 01/02/2007
1676	L6698	Add. To upper ext. pros., lock mechanism, excludes socket insert		NO		NO			\$415.03	PA removed eff 8/1/10
1677	L6703	term. Device, passive hand mitt, any material, any size		NO		NO			\$273.68	01/02/2007 rate set 08/01/2007; PA removed 12/09
1678	L6704	term. Device, sport/rec/work, any material, any size		NO		NO			\$448.97	PA removed eff 8/1/10

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1679	L6706	term dev hook, mech vol opening, any material, any size		NO		NO			\$262.67	01/02/2007 rate set 08/01/2007; PA removed 12/09
1680	L6707	term dev hook, mech vol closing, any material, any size, lined or unlined	Y/12 months	YES		NO			\$968.16	01/02/2007 rate set 08/01/2007
1681	L6708	term dev, hand, mech vol opening, any material, any size	Y/12 months	YES		NO			\$632.92	01/02/2007 rate set 08/01/2007
1682	L6709	term dev hand, mech vol. closing, any material, any size	Y/12 months	YES		NO			\$912.05	01/02/2007 rate set 08/01/2007
1683	L6711	Terminal device, hook, mechanical, vol. opening, any material, any size, lined or unlined, Pediatric, each		NO		NO			\$467.23	PA removed eff 8/1/10
1684	L6712	Terminal device, hook, mechanical vol. closing, any material, any size, lined or unlined, Pediatric, each	Y/12 months	YES		NO			\$860.28	CMS addition 1-1-09
1685	L6713	Terminal device, hand, mechanical, vol. opening, any material, any size, lined or unlined, Pediatric, each	Y/12 months	YES		NO			\$1,085.74	CMS addition 1-1-09

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1686	L6714	Terminal device, mechanical, vol. closing, any material, any size, Pediatric, each	Y/12 months	YES		NO			\$919.62	CMS addition 1-1-09
1687	L6721	terminal device, hook or hand, hvy, dty., mechanical, vol.opening, any material, any size, lined or unlined, each	Y/12 months	YES		NO			\$1,634.55	CMS addition 1-1-09
1688	L6722	Terminal device, hook or hand, heavy duty, mechanical, vol. closing, any material, any size, lined or unlined, each	Y/12 months	YES		NO			\$1,409.09	CMS addition 1-1-09
1689	L6805	Modifier wrist flexion unit addt to terminal device		NO		NO			\$233.82	01/02/2007 code added; rate change 08/01/2007; former rate \$145.18; change

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1690	L6810	Addt to terminal device, precision pinch device		NO		NO			\$147.53	rate change 01/02/2007
1691	L6881	Automatic grasp, addt. To upper limb elect. Prosth. Terminal device	Y/12 months	YES		NO			\$3,112.30	01/02/2007 code added rate set 08/01/2007
1692	L6882	Microprocessor control feature, addt. To upper limb prosth. Terminal device	Y/12 months	YES		NO			\$2,360.84	02/01/2007 code added rate set 8/1/2007
1693	L6890	Production glove		NO		NO			\$130.10	
1694	L6895	Custom glove	Y/ 12 months	YES		NO			\$478.63	
1695	L6900	Hand restorat thumb/1 finger	Y/ 12 months	YES		NO			\$1,365.87	
1696	L6905	Hand restoration multiple fi	Y/ 12 months	YES		NO			\$1,358.12	
1697	L6910	Hand restoration no fingers	Y/ 12 months	YES		NO			\$1,161.34	
1698	L6915	Hand restoration replacmnt g	Y/ 12 months	YES		NO			\$585.52	
1699	L6920	Wrist disarticul switch ctrl	Y/ 12 months	YES		NO			\$5,105.00	

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1700	L6925	Wrist disart myoelectronic c	Y/ 12 months	YES		NO			\$6,872.21	
1701	L6930	Below elbow switch control	Y/ 12 months	YES		NO			\$5,136.66	
1702	L6935	Below elbow myoelectronic ct	Y/ 12 months	YES		NO			\$6,978.86	
1703	L6940	Elbow disarticulation switch	Y/ 12 months	YES		NO			\$6,711.38	
1704	L6945	Elbow disart myoelectronic c	Y/ 12 months	YES		NO			\$8,200.51	
1705	L6950	Above elbow switch control	Y/ 12 months	YES		NO			\$7,628.42	
1706	L6955	Above elbow myoelectronic ct	Y/ 12 months	YES		NO			\$9,136.08	
1707	L6960	Shldr disartic switch contro	Y/ 12 months	YES		NO			\$10,246.43	
1708	L6965	Shldr disartic myoelectronic	Y/ 12 months	YES		NO			\$10,928.19	
1709	L6970	Interscapular-thor switch ct	Y/ 12 months	YES		NO			\$11,387.37	

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1710	L6975	Interscap-thor myoelectronic	Y/ 12 months	YES		NO			\$12,454.12	
1711	L7007	elect. Hand, myoelectric or switch, adult	Y/12 months	YES		NO			\$2,590.46	01/02/2007 code added rate set 08/01/2007
1712	L7008	elect. Hand, myoelectric or switch, ped	Y/12 months	YES		NO			\$4,077.12	01/02/2007 code added rate set 08/01/2007
1713	L7009	elect hook, switch or myoelect, adult	Y/12 months	YES		NO			\$2,643.09	01/02/2007 code added rate set 08/01/2007
1714	L7040	Prehensile actuator switch controlled	Y/ 12 months	YES		NO			\$2,156.50	rate change 01/02/2007
1715	L7045	Electric hook, switch or myoelectric controlled, pediatric	Y/ 12 months	YES		NO			\$1,236.40	
1716	L7170	Electronic elbow hosmer swit	Y/ 12 months	YES		NO			\$5,692.81	
1717	L7180	Electronic elbow utah myoele	Y/ 12 months	YES		NO			\$24,740.96	

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1718	L7181	electronic elbow, sim. Control of elbow and terminal device	Y/12 months	Requires DMS review YES		NO			\$29,245.58	rate change 01/02/2007
1719	L7185	electronic elbow, sim. Variety Village or equal switch control	Y/ 12 months	YES		NO			\$5,621.74	
1720	L7186	Electron elbow child switch	Y/ 12 months	YES		NO			\$6,766.31	
1721	L7190	Elbow adolescent myoelectron	Y/ 12 months	YES		NO			\$5,904.74	
1722	L7191	Elbow child myoelectronic ct	Y/ 12 months	YES		NO			\$7,070.40	
1723	L7260	Electron wrist rotator otto	Y/ 12 months	YES		NO			\$1,505.42	
1724	L7261	Electron wrist rotator utah	Y/ 12 months	YES		NO			\$2,740.44	
1725	L7266	Servo control steeper or equ	Y/ 12 months	YES		NO			\$1,009.80	
1726	L7272	Analogue control unb or equa	Y/ 12 months	YES		NO			\$1,748.68	

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1727	L7274	Proportional ctl 12 volt uta	Y/ 12 months	YES		NO			\$4,393.50	
1728	L7360	Six volt battery, each		NO		NO			\$182.53	CMS description change 1/08
1729	L7362	Battery charger, six volt, each		NO		NO			\$191.65	CMS description change 1/08
1730	L7364	Twelve volt battery , each		NO	2 per year	NO			\$304.81	PA removed eff 8/1/10
1731	L7366	Battery charger 12 volt each		NO	1 per 4 years	NO			\$410.59	PA removed eff 8/1/10
1732	L7367	lithium ion battery replacement		NO		NO			\$296.38	01/02/2007 code added rate set 08/01/2007; PA removed 12/09
1733	L7368	Lithium battery charger		NO	1 per 4 years	NO			\$368.37	PA removed eff 8/1/10
1734	L7400	Addt. To upper ext. prosth. Ultralight material		NO		NO			\$223.71	rate set 01/02/2007

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1735	L7401	Addt. To upper ext. prosthesis above elbow disart. Ultralight material		NO		NO			\$261.21	02/01/2007 code added rate set 8/1/2007; PA removed 12/09
1736	L7403	Addt. To upper ext. prosth. acrylic material		NO		NO			\$268.11	rate set 01/02/2007
1737	L7404	addt. To upper ext prosth. Above elbow disart. Acrylic		NO		NO			\$423.12	PA removed eff 8/1/10
1738	L7499	Upper extremity prosthesis NOS	Y/ 12 months	YES		NO			M	
1739	L7500	Prosthetic dvc repair hourly	Y/12 months if PA required	YES>\$500		NO			\$58.00	PA restriction raised to \$500 eff 8/1/10
1740	L7510	Repair of prosthetic device, minor parts	Y/12 months	PA		NO			M	reimbursement changed from \$32.03 to Manual eff. DOS 6-1-09

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1741	L7520	Repair prosthetic device, labor component, per 15 min	Y/ 12 months if PA required	YES > \$500		NO			\$10.00	clarified to indicate labor component; PA restriction raised to \$500 eff 8/1/08
1742	L7600	Prosthetic donning sleeve, any material	Y/12 months	YES		NO			M	2/1/2007
1743	L7900	Vacuum erection system	Y/ 12 months if PA required	YES		NO			\$418.65	
1744	L8000	Mastectomy bra	Y/ 12 months if PA required	YES>5	5 per year	NO			\$33.65	
1745	L8001	Breast prosthesis , masectomy bra with integrated breast prothesis form, unilateral	Y/ 12 months if PA required	YES>5	5 per year	NO			\$91.55	rate set 01/02/2007
1746	L8002	Breast prosthesis, masectomy bra with integrated breast prothesis form, bilateral	Y/ 12 months if PA required	YES>5	5 per year	NO			\$120.43	rate change 01/02/2007
1747	L8010	Mastectomy sleeve		NO		NO			\$47.84	
1748	L8015	Ext breast prosthesis garment		NO		NO			\$46.36	

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1749	L8020	Mastectomy form	Y/12 months if PA required	YES >2	2 per year	NO			\$174.40	rate change 01/02/2007; qt corrected to >2 2/1/08
1750	L8030	Breast prosthesis silicone/e	Y/12 months if PA required	YES>2	2 per year	NO			\$252.26	rate change 01/02/2007; qt corrected to >2 2/1/08
1751	L8031	Breast prosthesis, silicone or equal, with integral adhesive, each	Y/12 months	YES					M	CMS added 1/1/10
1752	L8035	Custom breast prosthesis	Y/ 12 months	YES		NO			\$2,834.00	
1753	L8039	Breast prosthesis, NOS	Y/ 12 months	YES		NO			M	
1754	L8040	Nasal prosthesis, provided by a non- physician	Y/12 months	YES		NO			\$491.73	
1755	L8041	Midfacial prosthesis, provided by a non- physician	Y/ 12 months	YES		NO			\$592.68	
1756	L8042	Orbital prosthesis, provided by a non- physician	Y/ 12 months	YES		NO			\$665.93	

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1757	L8043	Upper facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			\$745.84	
1758	L8044	Hemi-facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			\$825.76	
1759	L8045	Prosthetic External Ear provided by a non-physician	Y/12 months	YES		NO			\$742.15	07/02/2007 rate corrected
1760	L8046	Partial facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			\$532.74	
1761	L8047	Nasal septal prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			\$273.03	
1762	L8048	Unspecified Maxillofacial Prosthesis, by a non-physician	Y/12 months	YES		NO			\$20.92	
1763	L8049	Repair or modification of maxillofacial prosthesis, by a non-physician	Y/12 months if PA required	YES>\$500		NO			\$20.92	PA restriction raised to \$500 eff 8/1/10
1764	L8300	Truss single w/ standard pad		NO		NO			\$74.50	
1765	L8310	Truss double w/ standard pad		NO		NO			\$114.54	
1766	L8320	Truss addition to std pad wa		NO		NO			\$50.05	
1767	L8330	Truss add to std pad scrotal		NO		NO			\$49.59	
1768	L8400	Sheath below knee		NO		NO			\$14.49	
1769	L8410	Sheath above knee		NO		NO			\$16.49	

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1770	L8415	Sheath upper limb		NO		NO			\$16.40	
1771	L8417	Prosthetic sheath/sock, incl. gel cushion layer, below knee or above knee, each		NO		NO			\$58.17	
1772	L8420	Prosthetic sock multi ply BK		NO		NO			\$19.17	
1773	L8430	Prosthetic sock multi ply AK		NO		NO			\$21.08	
1774	L8435	Pros sock multi ply upper lm		NO		NO			\$18.93	
1775	L8440	Shrinker below knee		NO		NO			\$40.11	
1776	L8460	Shrinker above knee		NO		NO			\$55.81	
1777	L8465	Shrinker upper limb		NO		NO			\$49.75	
1778	L8470	Pros sock single ply BK		NO		NO			\$5.11	
1779	L8480	Pros sock single ply AK		NO		NO			\$7.04	
1780	L8485	Pros sock single ply upper l		NO		NO			\$8.50	
1781	L8499	Unlisted Misc prosthetic service	Y/ 12 months	YES		NO			MSRP-22%	
1782	L8500	artificial larynx	Y/12 months	YES		NO			\$529.27	rate set 01/02/2007
1783	L8501	Tracheostomy speaking valve	Y/if PA required	YES > 6 per calendar year		NO			\$112.12	effective DOS 7- 1-09 and after

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1784	L8505	Artificial larynx replacement battery/accessory, any type, each	Y/12 months	YES		NO			M	code effective DOS 6/1/09
1785	L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type		NO		NO			\$27.18	
1786	L8509	Tracheo-esophageal voice prosthesis, inst. by lic. Health care provider, any type		NO		NO			\$70.86	
1787	L8510	Voice Amplifier		NO		NO			\$163.95	
1788	L8511	Insert for Indwelling T/E prosthesis with or W/O valve replacement each		NO		NO			\$47.19	
1789	L8512	Gelatin capsules or equ. use with T/E prosthesis replacement only per 10		NO		NO			\$1.42	
1790	L8513	Cleaning device used with T/E prosthesis replacement only each		NO		NO			\$3.38	
1791	L8514	T/E puncture dilator replacement only each		NO		NO			\$61.19	
1792	L8515	gelatin capsule application device for use with TE voice prosthesis, each		NO		NO			\$48.05	rate set 08/01/2007 removed from PA 10/08

	A	B	C	D	E	F	G	H	I	J
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1793	L8615	Headset/Headpiece for use with cochlear implant device, replacement		NO		NO			\$329.19	PA removed eff 8/1/10
1794	L8616	microphone for use with cochlear implant device, replacement		NO		NO			\$76.68	rate set 01/02/2007
1795	L8617	transmitting coil for use with cochlear implant device, replacement		NO		NO			\$66.97	rate set 01/02/2007
1796	L8618	transmitter cable for use with cochlear implant device, replacement		NO		NO			\$19.13	rate set 01/02/2007
1797	L8619	cochlear implant external speech processor replacement	Y/ 12 months	YES		NO			\$6,281.98	
1798	L8621	Zinc air battery for use with cochlear implant device, each		NO		NO			\$0.45	rate set 01/02/2007
1799	L8622	Alkaline batt. For use with coch. Imp. Device, any size,each		NO		NO			\$0.24	rate set 01/02/2007
1800	L8623	Lithium ion battery coch. imp. Device speech proc.other than Ear level, ea		NO		NO			\$47.21	rate set 01/02/2007
1801	L8624	Lithium ion battery for coch. imp. Device speech proc. Ear level, each		NO		NO			\$132.38	rate set 01/02/2007

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1802	L8627	Cochlear implant, external speech processor, component, replacement	Y/12 months	YES		NO			\$6,279.07	CMS added 1/1/10; M pricing removed 11/1/10
1803	L8628	Cochlear implant, external controller component, replacement	Y/12 months	YES		NO			\$1,128.41	CMS added 1/1/10; M pricing removed 11/1/10
1804	L8629	Transmitting coil and cable, integrated for use with cochlear implant device, replacement	Y/12 months	YES		NO			\$163.32	CMS added 1/1/10; M pricing removed 11/1/10
1805	L8691	auditory osseointegrated dev, ext. sound replacer, repl only	Y/12 months	YES		NO			\$2,030.00	01/02/2007 code added rate set 08/01/2007
1806	L8695	ext recharging sys for battery(ext) for use with implantable neurostimulator		NO		NO			\$12.69	PA removed eff 8/1/10
1807	S1040	Cranial remolding orthosis, rigid with soft interface, incl. fitting/adjust. Custom fab. Pediatric	Y/12 months	YES		NO			M	

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1808	S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Y/12months	Yes		NO			M	Effective DOS 1/1/13
1809	V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NO			\$686.64	
1810	V2624	Polishing/Resurfacing of Ocular Prosthesis		NO		NO			\$46.57	
1811	V2625	Enlargement of Ocular Prosthesis		NO		NO			\$301.62	PA removed eff 8/1/10
1812	V2626	Reduction of Ocular Prosthesis		NO		NO			\$191.36	
1813	V2627	Scleral Cover Shell	Y/12 months	YES		NO			\$1,095.59	
1814	V2628	Fabrication and Fitting of Ocular confor		NO		NO			\$250.49	PA removed eff 8/1/10
1815	V2629	Eye Prosthetic, other type	Y/12 months	YES		NO			\$125.00	
1816										
1817		"M" = Manually Priced (manufacturer's invoice + 20%)								
1818		"MSRP-22%" manufacturer's suggested retail price -22%								

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1819		"MSRP-15%" manufacturer's suggested retail price - 15%								
1820		RR indicates rental								
1821		CMN=Certificate of Medical Necessity required for prior authorized items								
1822		Accepted CMN's are Medicare applicable or Medicaid MAP1000 & MAP1000B	Medicare applicable CMN s must meet regulatory requirement s							
1823		"PA " = Prior Authorization								
1824		PA, MAP-9, and CMN faxed to SHPS at 1-502-429-5233 or 1-800-807-7840								

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1825		Regulation, Fee Schedule, MAP-9, MAP-1000 , MAP 1000B & MAP 1001 are located on the Web site www.chfs.ky.gov/dms								
1826		It is the responsibility of the provider to check eligibility.								
1827		Limitation Over-rides must be medically necessary and require PA.								
1828		A prescriber's written order is required for those items not identified as requiring a CMN.								